

**Missouri Department of Labor and Industrial Relations  
Division of Workers' Compensation**



**Electronic Data Interchange  
(EDI)  
Claims Release 3.0  
Implementation Guide  
Draft Version 1.4**

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# **1. Introduction**

## **1.1 Preface**

The Missouri EDI Claims Release 3 Implementation Guide is designed to assist Insurers, Self Insurers, and Claim Administrators with the transition from Claims Release 1.0 filing of First Reports of Injury and paper filing of subsequent information to Claims Release 3.0 filing of both First and Subsequent reports of injury. The Guide will also serve as a tool during the EDI set up process for reporting First and Subsequent Reports of Injury (FROI and SROI) to the Missouri Division of Workers' Compensation via Claims Release 3.0.

## 1.2 Revisions

1. Draft Version 1.0 published on 12/30/2010.
2. Assumptions section changed 1/4/2011.
3. Event Table, Element Requirement Table and Edit Matrix changed to include PD (Partial Denial) MTC 1/4/2011.
4. Draft Version 1.1 published on 1/6/2011.
5. Assumptions, Items #6, #10 changed 2/28/2011.
6. Common Errors, Items #9, #11 changed 2/28/2011.
7. Scenarios, BS006 Employer Paid Benefits changed 2/28/2011.
8. Scenarios, BS015 Periodic Quarterly Report changed 2/28/2011.
9. Element Requirement Table, SROI Element and Conditional Requirements for Reduced Benefit Amount Code and Recovery Code changed 3/1/2011.
10. Edit Matrix, DN-Error Message and Population Restrictions for Reduced Benefit Amount Code and Recovery Code changed 3/1/2011.
11. Draft Version 1.2 published on 3/1/2011.
12. Population restrictions added for Recovery Code, Recovery Amount 3/7/2011.
13. Scenarios, BS005 Payment Report changed 3/7/2011.
14. Draft Version 1.3 published on 3/7/2011.
15. Event Table, FROI 00, FROI 04 and SROI 04 MTCs updated 3/22/2011.
16. Background information and Acronyms updated 3/22/2011.
17. Edit Matrix, Value Table updated for MTC PD and BTC 240 and Population Restrictions updated for Benefit ACR codes 3/22/2011.
18. Element Requirement Table updated for Initial Date Disability Began 3/22/2011.
19. Draft Version 1.4 published on 3/23/2011.

## 1.3 Background

The Missouri's Division of Workers' Compensation (DWC) administers programs and adjudicates disputes between employers and employees regarding workplace injuries and occupational diseases. With some exceptions, all employers with five or more employees and construction industry employers with one or more employees are required to purchase workers' compensation insurance coverage or meet the Division's requirements to self-insure their liabilities. Workers' compensation insurance provides compensation benefits to workers injured on the job. The Division helps ensure injured workers to receive benefits under the law such as medical treatment, payment of compensation for lost wages (temporary total disability benefits) and permanent partial or permanent total disability. The Division's Administrative Law Judges have the authority to approve settlements or issue awards after a hearing relating to an injured workers' entitlement to benefits. Mediation services are provided to help employers and employees resolve disputes about medical treatment, lost wages etc.

In as much as the DWC is charged with administering the Missouri Workers' Compensation Law, Chapter 287, RSMo, and the rules applicable thereto, the DWC must maintain documents required to be filed with the DWC by law. Under the law, employers are required to file reports of injury and supplemental reports, as may be required, with the DWC, in such form and detail as the division may require. The law identifies several elements of information that must be reported for each injury, and also authorizes DWC to collect additional information that it deems necessary to maintain accurate and complete data on the impact of work-related injuries on the workers' compensation system.

EDI Claims Release 3.0 for both First and Subsequent Reports of Injury provides for the electronic transfer of comprehensive injury data and will provide significant benefits for Trading Partners and DWC stakeholders. The Division recognizes that some of its small-volume trading partners do not have the resources necessary to implement a robust EDI solution and the Division will also offer web entry of Claims 3.0 First and Subsequent Reports of Injury.

Accurate and timely information is vital to how the DWC serves the workers' compensation community. We sincerely appreciate your investment and your cooperation, and pledge to return value to you in two essential ways: (1) the DWC will collect only that data from our trading partners that is essential to fulfilling our mission; and (2) the DWC will extend the effort back to our customers through information sharing that will ultimately help your organization fulfill its business goals. Thank you for doing business in Missouri.

## 1.4 Resources

### 1.4.1 Acronyms

Following is a list of EDI Claims Release 3 acronyms:

<b>148</b>	First Report Transaction Record
<b>A49</b>	Subsequent Report Transaction Record
<b>ACK</b>	Acknowledgment
<b>ACR</b>	Adjustments/Credits/Redistributions
<b>AKC</b>	Acknowledgment Transaction – R3 Claims
<b>ARC</b>	Re-Acknowledgment Transaction – R3 Claims
<b>AWW</b>	Average Weekly Wage
<b>BEN</b>	Benefits Segment
<b>BTC</b>	Benefit Type Code
<b>CA</b>	Claim Administrator
<b>DN</b>	Data Element Number
<b>EDI</b>	Electronic Data Interchange
<b>FEIN</b>	Federal Employer Identification Number
<b>FROI</b>	First Report of Injury
<b>FTP</b>	File Transfer Protocol
<b>IAIABC</b>	International Association of Industrial Accident Boards and Commissions
<b>JCN</b>	Jurisdiction Claim Number
<b>MMI</b>	Maximum Medical Improvement
<b>MTC</b>	Maintenance Type Code
<b>OBT</b>	Other Benefit Type
<b>POC</b>	Proof of Coverage
<b>PP/PPD</b>	Permanent Partial Disability
<b>PT/PTD</b>	Permanent Total Disability
<b>R3</b>	Release 3
<b>R21</b>	First Report Companion Record (Sent with 148 to complete FROI)
<b>R22</b>	Subsequent Report Companion Record (Sent with A49 to complete SROI)
<b>RTW</b>	Return to Work
<b>SROI</b>	Subsequent Report of Injury
<b>TA</b>	Transaction Accepted
<b>TP/TPD</b>	Temporary Partial Disability
<b>TR</b>	Transaction Rejected
<b>TT/TTD</b>	Temporary Total Disability

#### **1.4.2 Web / Email**

**DWC:**

<http://www.labor.mo.gov/DWC/>

**IAIABC:**

<http://www.iaiaabc.org/i4a/pages/index.cfm?pageid=3347>

The IAIABC site contains the Claims Release 3 Implementation Guide.

**DWC CARE UNIT EDI TEAM – EMAIL:**

[MoEDIProgram@labor.mo.gov](mailto:MoEDIProgram@labor.mo.gov)

EDI Support Questions

## 2. Reporting Rules

### 2.1 Statute Governing Reporting to Missouri DWC

**RSMo 287.380. 1.** Every employer or his insurer in this state, whether he has accepted or rejected the provisions of this chapter, shall within thirty days after knowledge of the injury, file with the division under such rules and regulations and in such form and detail as the division may require, a full and complete report of every injury or death to any employee for which the employer would be liable to furnish medical aid, other than immediate first aid which does not result in further medical treatment or lost time from work, or compensation hereunder had he accepted this chapter, and every employer or insurer shall also furnish the division with such supplemental reports in regard thereto as the division shall require. All reports submitted under this subsection shall include the name, address, date of birth and wages of the deceased or injured employee, the time and cause of the accident, the nature and extent of the injury, the name and address of the employee's and the employer's or insurer's attorney of record, if any, the medical cost incurred in treating the injured employee, the amount of lost work time of the employee as a result of the injury and such other information as the director may reasonably require in order to maintain in the division, accurate and complete data on the impact of work-related injuries on the workers' compensation system.

### 2.2 Electronic Data Reporting Format

The Missouri Division of Workers' Compensation uses IAIABC Claims Release 3.0 standards for all EDI submissions. The IAIABC Implementation Guide can be found on the IAIABC website. Data format must be in compliance with the standard data format described in the Systems Rules in Section 2 of the Release 3 Implementation guide.



## 2.3 Maintenance Type Codes

An MTC (Maintenance Type Code) is a code defining the purpose of individual records within a transaction for compliance with the DWC EDI reporting requirements. The following MTCs are required to be submitted to Missouri. Refer to the Event Table for report timeliness.

### First Report of Injury Maintenance Type Codes Accepted by Missouri

MTC	Description
00	Original
01	Cancel
02	FROI Change
04	FROI Denial
AQ	Acquired
AU	Acquired/Unallocated

### Subsequent Report of Injury Maintenance Type Codes Accepted by Missouri

MTC	Description
02	SROI Change
04	SROI Denial
AP	Acquired Payment
CD	Compensable Death
EP	Employer Paid
ER	Employer Reinstatement
FN	Final
IP	Initial Payment
PD	Partial Denial
PY	Payment Report
RB	Reinstatement of Benefits
S1	Suspension, RTW, or Medically Determined/Qualified RTW
S2	Suspension, Medical Non-Compliance
S3	Suspension, Administrative Non-Compliance
S4	Suspension, Claimant Death
S5	Suspension, Incarceration
S6	Suspension, Claimants Whereabouts Unknown
S7	Suspension, Benefits Exhausted
S8	Suspension, Jurisdiction Change
QT	Quarterly

## 2.4 Information and Data Reporting

### 2.4.1 Preparation for EDI Claims 3.0

1. Purchase the IAIABC EDI Claims Release 3 Implementation Guide at [www.iaiaabc.org](http://www.iaiaabc.org). This guide is indispensable in preparing your organization for migration to EDI R3.

2. Become familiar with the flat file formats, business scenarios and other information in the Guide.

3. Download the Missouri EDI Claims Release 3 Implementation guide. Become very familiar with the EDI tables in the guide, as they contain all of the requirements.

➡ Event Table – When is the transaction due?

➡ Element Requirement Table – Data elements required for each MTC and under what conditions the data elements are required. Refer to the Data Dictionary in Section 6 of the IAIABC Claims Release 3 EDI Implementation Guide for definitions of each data element.

➡ Edit Matrix – Edits that are applied to each transaction. Contains Code Value table, Error Message Table, Population Restrictions Table, Match Table and Transaction Sequencing.

4. Compare data elements required for Release 3 to your current system. Are there new data elements that must now be captured in your current system to meet R3 requirements? Have the requirements changed for data elements used in Release 1? (Ex: For DN0025 Industry Code, NAICS Industry Code must be sent instead of SIC Code.)

5. Attend Claims Release 3 Training. Consult the IAIABC website ([www.iaiaabc.org](http://www.iaiaabc.org)) on a regular basis to take advantage of Release 3 training offerings.

6. Determine the impact of Release 3 on your organization. Get staff involved early.

7. Determine changes that may be required for your agency's current automation and what steps will be needed to prepare for Release 3.

8. Determine changes to business processes required to implement Release 3.

9. What is the cost to implement Release 3 and what will the ROI be?

## 2.4.2 Assumptions

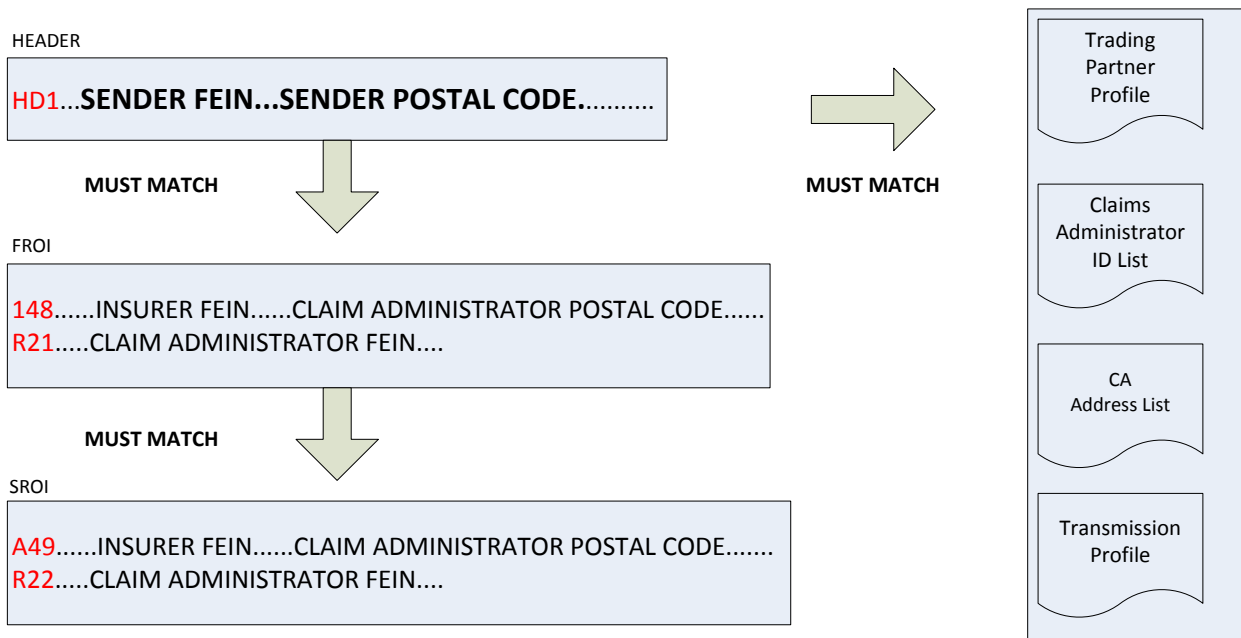
Assumptions are based on the Missouri DWC laws and business rules and apply to all claims data received by DWC. Please refer to the completed Data Element Tables, Edit Matrix, Event Table and other supporting documentation in the Missouri EDI Release 3 Implementation guide for further understanding regarding the requirements.

1. First Report of Injury is due 30 days following Date Employer Had Knowledge of the Injury. Most other reports are due immediately upon Claim Administrator's knowledge of the reportable Business Event or based on a Report Trigger which is defined in the Event Table.
2. A normal claim would first be reported with an MTC of 00, 04 or AQ/AU. These codes are considered appropriate for a first filing or First Report of Injury. All other Maintenance Type Codes are considered to be subsequent filings.
3. Data elements originally submitted on a FROI or those elements available on both the FROI and SROI, where a change is permitted, can only be changed with a FROI 02 Change transaction. Data elements only available on a SROI where a change is permitted can only be changed with a SROI 02 Change transaction.
4. Industry Code (DN0025) is the NAICS code; SIC codes are not accepted.
5. There is a 3-day waiting period for TTD (Temporary Total Disability) benefits. If the disability lasts more than 14 days, payment for the first 3 days shall be made retroactively to the claimant.
6. Wage is required to be reported on the FROI and Average Wage and Calculated Weekly Compensation Amount are required to be reported on the SROI as indicated in the Element Requirement Table. The Claim Administrator must calculate and report the valid weekly compensation amount as the Calculated Weekly Compensation Amount.
7. The compensation rate for Temporary Total, Permanent Partial, or Permanent Total Disability must be 66 2/3% of the Average Weekly Wage (AWW).
8. The compensation rate awarded to the claimant cannot be more than 105% of the average weekly wage.
9. The compensation rate for Temporary Partial Disability must be 66 2/3% of the difference between the pre-injury and post-injury AWW.
10. The Initial Date Disability Began is always greater than Date of Injury unless Employee Date of Death is being reported.

### 2.4.3 Insurer/Claim Administrator FEIN and Claim Administrator Postal Code

The Sender ID is made up of the Federal Employer Identification Number (FEIN) of your business entity along with the 9 position Postal Code and will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner.

For all Trading Partners that are Insurers, Claim Administrators or Self-Insured, the Sender ID on the HD1 Header record must match the Insurer/Claim Administrator FEIN and Claim Administrator Postal Code on the 148 FROI record and A49 SROI record as well as match the Sender information on the trading partner paperwork.



#### **2.4.4 Claim Administrator Claim Number**

When changing the Claim Administrator Claim Number (DN0015) prior to a subsequent report (SROI), the new value should be reported on the FROI 02 (Change) transaction. The new value must be populated on both the 148 and its related R21 record so DWC can detect record relationships within the batch of transactions. All subsequent SROI reports must contain the new value. DWC recognizes that when a claim is acquired (AQ, AU), both the Claim Administrator FEIN (DN0187) and the Claim Administrator Claim Number (DN0015) may change at the same time.

#### **2.4.5 Date of Injury (DN0031)**

For Date of Accident, if the employee or other relevant individual providing the data is uncertain about the exact date, use the earliest date about which there is some degree of certainty or the date that you received notice of the accident, whichever is earlier. For example, if only the month of the accident is known, use the first day of the month.

#### **2.4.6 Employee ID**

Social Security Number (DN0042) is preferred, if known. If the Social Security Number is not known, the Assigned by Jurisdiction ID (DN0154) should be composed as follows:

**(To be determined at a future date)**

#### **2.4.7 Match Data**

Match Data elements are used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements, secondary "match" data elements are used to match a claim. Refer to the Edit Matrix Match Data table for the application of primary and secondary Match Data elements. Changes to Match Data elements must be reported on a FROI 02 (Change) transaction before further reporting for the claim will be accepted. All match data elements must be present on a 02 transaction excluding changes being made to an 04 filed because of No Coverage. Match data elements that can be changed on an 02 (Change) transaction are indicated with lower case requirement codes on the FROI Element Requirement Table. When changing from one Employee ID type to another, Employee ID Type Qualifier (DN0270) must be changed as well. For example, if a valid Employee Social Security Number is available after a claim is submitted with an Employee Assigned by Jurisdiction (DN0154), the 02 (Change) transactions should be populated with the new Employee ID Type Qualifier of "S" (SSN) as well as the employee's Social Security Number.

**No more than 2 “match” data elements may be changed at one time to insure there are enough unchanged match values to accomplish the match of the trading partner’s records.**

#### **2.4.8 DWC Reporting Requirements**

Reporting requirements are described on the tables that follow.

##### Event Table:

1. Form to MTC Crosswalk crosswalks current paper events to their equivalent Maintenance Type Code.
2. Event Table describes the conditions that “trigger” electronic reports required by DWC and when the report is due.

##### Element Requirement Table:

1. Element Requirement Table describes the data elements required for each FROI/SROI report indicated on the Event Table. Business and Technical conditions are also included for data elements listed as “MC” or Mandatory Conditional. “MC” data elements are mandatory data fields **if** the condition exists in the transaction.

##### Edit Matrix:

1. The DN-Error Message Table describes editing that will be applied to each data element.
2. The Code Value Table lists the DWC’s acceptable values for each data element.
3. Match Data describes the data elements used to determine if the report will create a new claim or match to an existing claim or transaction in the DWC database.
4. The Population Restrictions Table contains the DWC’s restrictions applied to the data element(s).
5. Transaction Sequencing illustrates logical transaction sequencing for the DWC. Transaction sequencing refers to the order in which the MTCs must be sent in. For example, an IP will not be accepted by the DWC before a 00 original FROI has been accepted.

**Missouri Division of Workers' Compensation  
Claims Release 3  
Form to MTC Crosswalk**

**First Report of Injury (FROI - 148 & R21)**

<b>Paper Equivalent Form(s)</b>	<b>Comments</b>	<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will this report be accepted electronically? (Yes/No)</b>
WC-1-EDI		00	Original	The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.	Yes
Correspondence		01	Cancel	The original first report was sent in error.	Yes
WC-1-EDI		02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	Yes
Correspondence		04	Denial	The entire claim is being denied.	Yes
WC-1		AQ	Acquired Claim	Minimal data sent to report that a new claim administrator has acquired the claim.	Yes
WC-1		AU	Acquired/ Unallocated	The equivalent of an initial first report (MTC 00) filed by a new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table.	Yes

**Subsequent Report of Injury (SROI - A49 & R22)**

<b>Paper Equivalent</b>	<b>Comments</b>	<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will Missouri accept this report through EDI?</b>
WC-2, WC-9 Correspondence		02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	Yes
Correspondence		04	Denial	The entire claim is being denied.	Yes
WC-2		AP	Acquired/ Payment	The claim administrator who acquired the claim has processed AP Acquired/Payment – the first payment of indemnity benefits.	Yes
WC-1-EDI, WC-1, Correspondence		CD	Compensable Death	The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.	Yes
WC-2		EP	Employer Paid	The employer is paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.	Yes
WC-2		ER	Employer Reinstatement	The employer has resumed paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.	Yes
WC-2 and WC-9		FN	Final	Closed claim, no further payments of any kind anticipated.	Yes

**Missouri Division of Workers' Compensation  
Claims Release 3  
Form to MTC Crosswalk**

**Subsequent Report of Injury (SROI - A49 & R22)**

<b>Paper Equivalent</b>	<b>Comments</b>	<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will Missouri accept this report through EDI?</b>
WC-2		IP	Initial Payment	The first payment for an indemnity benefit other than a settlement has been issued by a claim administrator.	Yes
WC-2, WC-9 Correspondence		PD	Partial Denial	Indemnity is compensable however medical is being denied in part or in whole.	Yes
WC-2, WC-9, 1-4		PY	Payment Report	Identifies payment information for which reporting is required by the jurisdiction.	Yes
WC-2		RB	Reinstatement of Benefits	Indemnity payments have been resumed, but the reinstated benefit type may or may not have been paid previously.	Yes
WC-2 and WC-9		S1	Suspension, RTW, or Medically Determined/Qualified RTW	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.	Yes
Correspondence		S2	Suspension, Medical Non-compliance	All payments of indemnity benefits have stopped because of medical non-compliance.	Yes
WC-2		S3	Suspension, Administrative Non-compliance	All payments of indemnity benefits have stopped because of administrative non-compliance.	Yes
WC-2 and Correspondence		S4	Suspension, Claimant Death	All payments of indemnity benefits have stopped because the employee has died.	Yes
WC-2 and Correspondence		S5	Suspension, Incarceration	All payments of indemnity benefits have stopped because the employee has been incarcerated.	Yes
WC-2 and correspondence		S6	Suspension, Claimant's Whereabouts Unknown	All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.	Yes
WC-2 and correspondence		S7	Suspension, Benefits Exhausted	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.	Yes
Correspondence		S8	Suspension, Jurisdiction Change	All payments of indemnity benefits have stopped because the jurisdiction has been changed.	Yes



**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**First Report of Injury Event Table**

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand Missouri's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting Missouri's requirements:** For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	FROI	00	Original	2=EDI Mandate Date	TBD		J = Jurisdiction Defined. Any injury that requires medical care beyond first aid costing the employer/insurer any dollar amount. The claim is not being denied and the case is considered a medical only case.	NA	30	C = Calendar Days	C = From Employer Notification	Med-Only Letter	EE
3.0	FROI	00	Original	2=EDI Mandate Date	TBD		J = Jurisdiction Defined. Any injury that requires medical care beyond first aid costing the employer/insurer any dollar amount. The claim is not being denied and the employee is losing time.	NA	30	C = Calendar Days	C = From Employer Notification	NA	NA
3.0	FROI	00	Original	2=EDI Mandate Date	TBD		Q = Employee Death. Immediately upon employee death.	NA	30	C = Calendar Days	C = From Employer Notification	Death Letter	ER/INS
3.0	FROI	01	Cancel	2=EDI Mandate Date	TBD		M = MTC Defined. Immediately upon knowledge of the error.	NA	NA	NA	H = Immediate	NA	NA
3.0	FROI	02	Change	2=EDI Mandate Date	TBD		J = Jurisdiction Defined. When the claim administrator has knowledge that the information associated with one or more of the data elements marked with a Y or FY in the FROI MTC 02 column of the Element Requirement Table has changed.	NA	NA	NA	H = Immediate	NA	NA
3.0	FROI	04	Denial	2=EDI Mandate Date	TBD		M = MTC Defined. When the Claim Administrator denies the entire compensability of the claim and prior FROI 00 or FROI AU has not been accepted.	NA	30	C = Calendar Days	H = Immediate	Denial Letter	EE
3.0	FROI	AQ	Acquired Claim	2=EDI Mandate Date	TBD		M = MTC Defined. When the claim administrator acquires an open claim, regardless of whether claim is medical, lost time or both.	NA	NA	NA	H = Immediate	NA	NA

**Missouri Division of Workers' Compensation  
Claims Release 3  
First Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	FROI	AU	Acquired/ Unallocated	2=EDI Mandate Date	TBD		M = MTC Defined. When an AQ receives a TR because there is no match in the DWC system, the claim administrator is required to submit all 00 (Original) data elements as an AU.	NA	30	C = Calendar Days	J = From Report Trigger, after TR	NA	NA

**Release**

IAIABC Claims Release Number

**Event Rule Criteria**

1=Date of Injury  
2=EDI Mandate Date  
3=Jurisdiction defined

**Report Trigger Criteria Codes**

A = New Claim  
B = Cumulative Medical Paid  
C = Lost Time  
D = Cumulative Wage Replacement  
E = Days Open  
F = Formula  
J = Jurisdiction Defined  
L = Determination of Compensable Dth  
M = MTC Defined  
N = Cumulative Indemnity \$ Paid  
Q = Employee Death

**Report Due Type**

B = Business Days  
C = Calendar Days

**Report Due From Code**

A = From Date of Accident/Injury  
B = From Date of Disability  
C = From Employer Notification  
D = From Administrator Notification  
E = From Jurisdiction Notification  
F = From Carrier Notification  
G = From Initial Payment (IP)  
H = Immediate  
I = From Date of Death  
J = From Report Trigger  
K = Prior to Final Report (FN)

**Receiver Codes**

EE = Employee  
ER = Employer  
PR = Provider  
Others as defined by Jurisdiction

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Subsequent Report of Injury Event Table**

The Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand Missouri's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting Missouri's requirements:** For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	02	Change	2=EDI Mandate Date	TBD		J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with one or more of the data elements marked with a Y or FY in the FROI MTC 02 column of the Element Requirement Table has changed.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	04	Denial	2=EDI Mandate Date	TBD		M = MTC Defined. Full denial after FROI transaction processed.	NA	NA	NA	H = Immediate	Denial Letter	EE
3.0	SROI	AP	Acquired/Payment	2=EDI Mandate Date	TBD		M = MTC Defined.	The claim administrator who acquired the claim has processed their first payment of indemnity benefits.	NA	NA	H = Immediate	NA	NA
3.0	SROI	CD	Compensable Death	2=EDI Mandate Date	TBD		L = Determination of Compensable Death.	Fatal injury has been determined compensable but dependents have not been located to received survivor benefits.	30	C = Calendar Days	A = Date of Accident/Injury	NA	NA
3.0	SROI	EP	Employer Paid	2=EDI Mandate Date	TBD		D = Cumulative Wage Replacement Paid	>0	NA	NA	H=Immediate	NA	NA
3.0	SROI	ER	Employer Reinstatement	2=EDI Mandate Date	TBD		When the employer is reinstating indemnity benefits following a prior suspension.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	FN	Final	2=EDI Mandate Date	TBD		M = MTC Defined. When the claim administrator is closing the claim, not anticipating future indemnity or medical payments.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	IP	Initial Payment	2=EDI Mandate Date	TBD		N = Cumulative Indemnity \$ Paid	>0	NA	NA	H = Immediate	NA	NA

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	PD	Partial Denial	2=EDI Mandate Date	TBD		M = MTC Defined. Denial of Medical in part or in whole after first payment of indemnity benefits.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	PY	Payment Report	2=EDI Mandate Date	TBD		B = Cumulative Medical \$ Paid and no IP, AP and EP previously filed	>= \$8,000.00	NA	NA	H = Immediate	NA	NA
3.0	SROI	RB	Reinstatement of Benefits	2=EDI Mandate Date	TBD		When the Claim Administrator is reinstating indemnity benefits following a prior suspension.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	S1	Suspension, RTW, or Medically Determined/Qualified RTW	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to employees return to work.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA
3.0	SROI	S2	Suspension, Medical Non-compliance	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to medical non-compliance by employee.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA
3.0	SROI	S3	Suspension, Administrative Non-compliance	2=EDI Mandate Date	TBD		J = Jurisdiction Defined. All indemnity benefit payments have been suspended or terminated due to post-injury misconduct by the employee.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA
3.0	SROI	S4	Suspension, Claimant Death	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to the non-injury related death of the employee.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA
3.0	SROI	S5	Suspension, Incarceration	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to the incarceration of the employee.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	S6	Suspension, Claimant's Whereabouts Unknown	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to the inability of the CA to locate the employee.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA
3.0	SROI	S7	Suspension, Benefits Exhausted	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to the employee exhausting all statutorily available benefits.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA
3.0	SROI	S8	Suspension, Jurisdiction Change	2=EDI Mandate Date	TBD		M = MTC Defined. All indemnity benefit payments have been suspended or terminated due to the employee seeking benefits in another jurisdiction.	NA	10	C = Calendar Days	J = From Report Trigger	NA	NA

**Release**

IAIABC Claims Release Number

**Event Rule Criteria**

1=Date of Injury  
2=EDI Mandate Date  
3=Jurisdiction defined

**Report Trigger Criteria Codes**

A = New Claim  
B = Cumulative Medical Paid  
C = Lost Time  
D = Cumulative Wage Replacement  
E = Days Open  
F = Formula  
J = Jurisdiction Defined  
L = Determination of Compensable Dth  
M = MTC Defined  
N = Cumulative Indemnity \$ Paid  
Q = Employee Death

**Report Due Type**

B = Business Days  
C = Calendar Days

**Report Due From Code**

A = From Date of Accident/Injury  
B = From Date of Disability  
C = From Employer Notification  
D = From Administrator Notification  
E = From Jurisdiction Notification  
F = From Carrier Notification  
G = From Initial Payment (IP)  
H = Immediate  
I = From Date of Death  
J = From Report Trigger  
K = Prior to Final Report (FN)

**Receiver Codes**

EE = Employee  
ER = Employer  
PR = Provider  
Others as defined by Jurisdiction

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Periodic Report Event Table**

The Periodic Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand Missouri's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting Missouri's requirements:** A (Report Type) (Maintenance Type-Code) must be filed based on the (Event Rule Criteria) within (Event Rule Date range) on Claims that meet the Report Trigger (Criteria and Trigger Value), meets the Periodic Qualifier (Status and Activity) and must be filed by the Periodic Report Due indicated (Value, Due Type, From).

\* If the Event Rule Thru date is blank, reporting requirements apply until further notice.

\* Periodic Report Due indicated (Value, Due Type, From) is the last day a claim administrator has to receive a "Transaction Accepted" or "Transaction Accepted with Errors" for that MTC, and not just the date on which that transaction must be triggered regardless of errors. It was suggested that the Claim Administrator trigger the reports prior to this date in order to allow time for correcting errors.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		Periodic Qualifiers		Periodic Report Due		
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Status	Activity	Value	Due Type	From
3.0	SROI	QT	Quarterly	2 = EDI Mandate Date	TBD		J = Jurisdiction Defined.	90 Days from Date of Injury and every 90 days thereafter when there is an existing SROI on file and there is indemnity, medical and/or award payments made since the last QT filed.	3	E	15 days	C	J = Report Trigger Value

**Release**

IAIABC Claims Release Number

**Event Rule Criteria**

1=Date of Injury

2=EDI Mandate Date

3=Jurisdiction defined

**Status Qualifier**

Trigger)

2 = Closed (If claim has closed since the last periodic report)

3 = Either (if claim is open or has closed since the last periodic report)

**Due Type**

B = Business Days

C =Calendar Days

**Activity Qualifier**

E = Either (either IL or MB)

IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)

J = Jurisdiction defined (define details in column)

MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)

**Missouri Division of Workers' Compensation  
Claims Release 3  
First Report of Injury Element Requirements**

- M (Mandatory)  
 MC (Mandatory/Conditional)  
 IA (If Applicable/Available)  
 NA (Not Applicable)  
 F (Fatal Technical)  
 X (Exclude)  
 FY FY (Fatal yes change) **Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.**  
 Y (Change allowed) **limited to 02 Change (Note: The Data Element can be changed but is Mandatory if a 00 or AU has been filed).**  
 N (No Change) **limited to 02 Change**

Note: For MTC 02, per the Match Data Rules, only two Match Data elements can be changed per transaction. Lower case requirement Codes indicate these Match Data data elements.

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

● Mailing or ○ Physical

**FROI MTCs**

REC	DN#	DATA ELEMENT NAME	FORMAT	00	01	02	04	AQ	AU
148	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F
148	0002	Maintenance Type Code	2 A/N	F	F	F	F	F	F
148	0003	Maintenance Type Code Date	DATE	F	F	F	F	F	F
148	0004	Jurisdiction Code	2 A/N	F	F	F	F	F	F
148	0005	Jurisdiction Claim Number	25 A/N	NA	M	m	NA	IA	NA
148	0006	Insurer FEIN	9 A/N	F	F	FY	F	F	F
148	0012	Claim Administrator City	15 A/N	M	NA	Y	M	M	M
148	0013	Claim Administrator State Code	2 A/N	M	NA	Y	M	M	M
148	0014	Claim Administrator Postal Code	9 A/N	F	F	FY	F	F	F
148	0015	Claim Administrator Claim Number	25 A/N	F	F	fy	F	F	F
148	0016	Employer FEIN	9 A/N	M	NA	y	M	M	M
148	0021	Employer Physical City	15 A/N	MC	NA	Y	MC	NA	MC
148	0022	Employer Physical State Code	2 A/N	MC	NA	Y	MC	NA	MC
148	0023	Employer Physical Postal Code	9 A/N	MC	NA	Y	MC	NA	MC
148	0025	Industry Code	6 A/N	M	NA	Y	M	NA	M
148	0027	Insured Location Identifier	15 A/N	NA	NA	NA	NA	NA	NA
148	0028	Policy Number Identifier	18 A/N	MC	NA	IA	MC	MC	MC
148	0029	Policy Effective Date	DATE	MC	NA	IA	MC	MC	MC
148	0030	Policy Expiration Date	DATE	MC	NA	IA	MC	MC	MC
148	0031	Date of Injury	DATE	M	M	y	M	M	M
148	0032	Time of Injury	HHMM	IA	NA	IA	IA	NA	IA
148	0033	Accident Site Postal Code	9 A/N	M	NA	Y	M	NA	M
148	0035	Nature of Injury Code	2 A/N	M	NA	Y	M	NA	M
148	0036	Part of Body Injury Code	2 A/N	M	NA	Y	M	NA	M
148	0037	Cause of Injury Code	2 A/N	M	NA	Y	M	NA	M
148	0039	Initial Treatment Code	2 A/N	M	NA	Y	M	NA	M
148	0040	Date Employer Had Knowledge of the Injury	DATE	M	NA	N	M	NA	M
148	0041	Date Claim Administrator Had Knowledge of Injury	DATE	M	NA	N	M	NA	M
148	0044	Employee First Name	15 A/N	M	M	y	M	M	M
148	0048	Employee Mailing City	15 A/N	M	NA	Y	M	NA	M
148	0049	Employee Mailing State Code	2 A/N	M	NA	Y	M	NA	M
148	0050	Employee Mailing Postal Code	9 A/N	M	NA	Y	M	NA	M
148	0052	Employee Date of Birth	DATE	M	NA	N	M	NA	M
148	0053	Employee Gender Code	1 A/N	M	NA	Y	M	NA	M
148	0054	Employee Marital Status Code	1 A/N	M	NA	Y	M	NA	M
148	0055	Employee Number of Dependents	2 N	MC	NA	Y	MC	NA	MC
148	0056	Initial Date Disability Began	DATE	MC	NA	Y	MC	NA	MC
148	0057	Employee Date of Death	DATE	IA	NA	Y	IA	NA	IA
148	0058	Employment Status Code	2 A/N	M	NA	IA	M	NA	M
148	0059	Manual Classification Code	4 A/N	M	NA	Y	M	NA	M
148	0061	Employee Date of Hire	DATE	IA	NA	IA	IA	NA	IA
148	0062	Wage	\$9.2	M	NA	Y	M	NA	M

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	FORMAT	00	01	02	04	AQ	AU
148	0063	Wage Period Code	2 A/N	M	NA	Y	M	NA	M
148	0064	Number of Days Worked Per Week	1 N	NA	NA	NA	NA	NA	NA
148	0065	Initial Date Last Day Worked	DATE	NA	NA	NA	NA	NA	NA
148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	NA	NA	NA	NA	NA	NA
148	0068	Initial Return to Work Date	DATE	IA	NA	Y	IA	IA	IA
R21	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F
R21	0295	Maintenance Type Correction Code	2 A/N	X	X	X	X	X	X
R21	0296	Maintenance Type Correction Code Date	DATE	X	X	X	X	X	X
R21	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA	NA	NA	NA	NA
R21	0015	Claim Administrator Claim Number	25 A/N	F	F	fy	F	F	F
R21	0187	Claim Administrator FEIN	9 A/N	F	F	fy	F	F	F
R21	0188	Claim Administrator Name	40 A/N	M	NA	Y	M	M	M
R21	0135	Claim Administrator Information/Attention Line	50 A/N	NA	NA	NA	NA	NA	NA
R21	0010	Claim Administrator Primary Address	40 A/N	M	NA	Y	M	M	M
R21	0011	Claim Administrator Secondary Address	40 A/N	IA	NA	IA	IA	IA	IA
R21	0136	Claim Administrator Country Code	3 A/N	IA	NA	IA	IA	NA	IA
R21	0270	Employee ID Type Qualifier	1 A/N	MC	MC	y	MC	MC	MC
R21	*	Employee ID	*One of the following Employee ID types may be populated in positions 232-246.						
	0042	Employee SSN	15 A/N	MC	MC	n	MC	MC	MC
	0152	Employee Employment Visa	15 A/N	NA	NA	NA	NA	NA	NA
	0153	Employee Green Card	15 A/N	NA	NA	NA	NA	NA	NA
	0154	Employee ID Assigned by Jurisdiction	15 A/N	MC	MC	n	MC	MC	MC
	0156	Employee Passport Number	15 A/N	NA	NA	NA	NA	NA	NA
R21	0255	Employee Last Name Suffix	4 A/N	IA	NA	IA	IA	IA	IA
R21	0150	Employee Authorization to Release Medical Records Indicator	1 A/N	NA	NA	NA	NA	NA	NA
R21	0157	Employee Social Security Number Release Indicator	1 A/N	NA	NA	NA	NA	NA	NA
R21	0043	Employee Last Name	40 A/N	M	M	y	M	M	M
R21	0045	Employee Middle Name/Initial	15 A/N	IA	IA	IA	IA	IA	IA
R21	0046	Employee Mailing Primary Address	40 A/N	M	NA	Y	M	NA	M
R21	0047	Employee Mailing Secondary Address	40 A/N	IA	NA	Y	IA	NA	IA
R21	0155	Employee Mailing Country Code	3 A/N	IA	NA	IA	IA	NA	IA
R21	0051	Employee Phone Number	15 A/N	IA	NA	Y	IA	NA	IA
R21	0146	Death Result of Injury Code	1 A/N	MC	NA	Y	MC	MC	MC
R21	0290	Type of Loss	2 A/N	MC	NA	Y	MC	NA	MC
R21	0228	Return to Work with Same Employer Indicator	1 A/N	NA	NA	NA	NA	NA	NA
R21	0189	Return to Work Type Code	1 A/N	MC	NA	IA	MC	NA	MC
R21	0224	Physical Restrictions Indicator	1 A/N	MC	NA	IA	MC	NA	MC
R21	0314	Insured FEIN	9 A/N	MC	NA	Y	MC	NA	MC
R21	0017	Insured Name	40 A/N	M	NA	Y	MC	NA	M
R21	0184	Insured Type Code	1 A/N	M	NA	Y	MC	NA	M
R21	0026	Insured Report Number	25 A/N	NA	NA	NA	NA	NA	NA
R21	0007	Insurer Name	40 A/N	M	NA	Y	M	M	M
R21	0185	Insurer Type Code	1 A/N	MC	NA	Y	MC	MC	MC
R21	0292	Insolvent Insurer FEIN	9 A/N	NA	NA	IA	NA	MC	MC
R21	0200	Claim Administrator Alternate Postal Code	9 A/N	NA	NA	NA	NA	NA	NA
R21	0249	Accident Premises Code	1 A/N	M	NA	Y	M	M	M
R21	0118	Accident Site County/Parish	20 A/N	NA	NA	NA	NA	NA	NA
R21	0119	Accident Site Location Narrative	50 A/N	NA	NA	NA	NA	NA	NA
R21	0120	Accident Site Organization Name	50 A/N	NA	NA	NA	NA	NA	NA
R21	0121	Accident Site City	15 A/N	NA	NA	NA	NA	NA	NA
R21	0122	Accident Site Street	40 A/N	NA	NA	NA	NA	NA	NA
R21	0123	Accident Site State Code	2 A/N	NA	NA	NA	NA	NA	NA
R21	0280	Accident Site Country Code	3 A/N	NA	NA	NA	NA	NA	NA
R21	0281	Date Employer Had Knowledge of Date of Disability	DATE	NA	NA	NA	NA	NA	NA
R21	0018	Employer Name	40 A/N	M	NA	Y	M	M	M
R21	0329	Employer UI Number	15 A/N	MC	NA	Y	MC	MC	MC
R21	0019	Employer Physical Primary Address	40 A/N	MC	NA	Y	MC	NA	MC



**Missouri Division of Workers' Compensation  
Claims Release 3  
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	FORMAT	00	01	02	04	AQ	AU
R21	0020	Employer Physical Secondary Address	40 A/N	IA	NA	Y	IA	NA	IA
R21	0164	Employer Physical Country Code	3 A/N	IA	NA	IA	IA	NA	IA
R21	0159	Employer Contact Business Phone Number	15 A/N	M	NA	Y	M	M	M
R21	0160	Employer Contact Name	40 A/N	M	NA	Y	M	M	M
R21	0163	Employer Mailing Information/Attention Line	50 A/N	NA	NA	NA	NA	NA	NA
R21	0165	Employer Mailing City	15 A/N	MC	NA	Y	MC	NA	MC
R21	0166	Employer Mailing Country Code	3 A/N	IA	NA	Y	IA	NA	IA
R21	0167	Employer Mailing Postal Code	9 A/N	MC	NA	Y	MC	NA	MC
R21	0168	Employer Mailing Primary Address	40 A/N	MC	NA	Y	MC	NA	MC
R21	0169	Employer Mailing Secondary Address	40 A/N	IA	NA	Y	IA	NA	IA
R21	0170	Employer Mailing State Code	2 A/N	MC	NA	Y	MC	NA	MC
R21	0060	Occupation Description	50 A/N	IA	NA	IA	IA	NA	IA
R21	0199	Full Denial Effective Date	DATE	X	NA	IA	MC	NA	X
R21	0073	Claim Status Code	1 A/N	MC	NA	Y	MC	IA	MC
R21	0074	Claim Type Code	1 A/N	M	NA	IA	M	M	M
R21	0077	Late Reason Code	2 A/N	IA	NA	IA	IA	NA	IA
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	M	NA	Y	M	M	M
<b>Variable Segment Counters</b>									
R21	0274	Number of Accident/Injury Description Narratives	2 N	F	F	F	F	F	F
R21	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F	F	F
R21	0276	Number of Denial Reason Narratives	2 N	F	F	F	F	F	F
R21	0278	Number of Managed Care Organizations	2 N	F	F	F	F	F	F
R21	0279	Number of Witnesses	2 N	F	F	F	F	F	F
<b>Variable Segments</b>									
<b>Accident/Injury Description Narratives</b>									
R21	0038	Accident/Injury Description Narrative	50 A/N	M	NA	IA	M	NA	M
<b>Full Denial Reason Codes</b>									
R21	0198	Full Denial Reason Code	2 A/N	X	NA	Y	MC	X	X
<b>Full Denial Reason Narratives</b>									
R21	0197	Denial Reason Narrative	50 A/N	X	NA	IA	IA	X	X
<b>Managed Care Organizations</b>									
R21	0207	Managed Care Organization Code	2 A/N	NA	NA	NA	NA	NA	NA
R21	0209	Managed Care Organization Name	50 A/N	NA	NA	NA	NA	NA	NA
R21	0208	Managed Care Organization Identification Number	40 A/N	NA	NA	NA	NA	NA	NA
<b>Witnesses</b>									
R21	0238	Witness Name	40 A/N	NA	NA	NA	NA	NA	NA
R21	0237	Witness Business Phone Number	15 A/N	NA	NA	NA	NA	NA	NA

**Missouri Division of Workers' Compensation  
Claims Release 3  
First Report of Injury Conditional Requirements**

**FROI DATA ELEMENT**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0017	Insured Name	MTC 04 - Mandatory when DN0198 Full Denial Reason Code does not equal 3 A-H.	MTC 04 - DN0198 <> 3 A-H
0019	Employer Physical Primary Address	MTC 00, 04, AU - Mandatory if not equal to DN0168 Employer Mailing Primary Address and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after the Implementation Date.	MTC 00, 04, AU - DN0019 <> DN0168 and DN0041 >= Implementation Date.
0021	Employer Physical City	MTC 00, 04, AU - Mandatory if different from DN 0165 Employer Mailing City and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTC 00, 04, AU - DN 0021 <> DN 0165 and DN0041 >= Implementation Date
0022	Employer Physical State Code	MTC 00, 04, AU - Mandatory if different from DN 0170 Employer Mailing State Code and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTC 00, 04, AU - DN 0022 <> DN 0170 and DN0041 >= Implementation Date
0023	Employer Physical Postal Code	MTC 00, 04, AU - Mandatory if different from DN 0167 Employer Mailing Postal Code and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTC 00, 04, AU - DN 0023 <> DN 0167 and DN0041 >= Implementation Date
0028	Policy Number Identifier	MTC 00, AQ, AU - Mandatory if DN0185 Insured Type Code = I or MTC 04 - Mandatory if DN0185 Insured Type Code = I and DN0198 Full Denial Reason Code does not equal 3D or 3E.	MTC 00, AQ, AU - DN0185 = I or MTC 04 - DN0185 = I and DN0198 <> 3D or 3E
0029	Policy Effective Date	MTC 00, 04, AQ, AU - Mandatory if DN0028 Policy Number Identifier populated.	MTC 00, 04, AQ, AU - DN 0028 > Blanks
0030	Policy Expiration Date	MTC 00, 04, AQ, AU - Mandatory if DN0028 Policy Number Identifier populated.	MTC 00, 04, AQ, AU - DN 0028 > Blanks
0042	Employee SSN	MTC 01, 04, AQ, AU - Mandatory if DN0041 Date Claim Administrator Had Knowledge of the Injury is before Implementation Date. All MTCs - Mandatory if DN0270 Employee ID Type Qualifier is equal to 'S' Employee Social Security Number and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTC 01, 04, AQ, AU - DN0041 < Implementation Date or All MTCs - DN 0270 = 'S' and DN0041 >= Implementation Date
0055	Employee Number of Dependents	MTCs 00, 04, AU - Mandatory when DN0057 Employee Date of Death is populated and must be greater than or equal to 1 if DN0054 Employee Marital Status Code is equal to 'M' Married or 'S' Separated.	MTCs 00, 04, AU - DN 0057 > Blanks and when DN 0054 = M, S, DN0055 >=1
0056	Initial Date Disability Began	MTCs 00, 04, AU - Mandatory when DN0068 Initial Return to Work Date > DN0031 Date of Injury and DN0057 Employee Date of Death = Blanks.	MTCs 00, 04, AU - DN0068 > DN0031 and DN0057 = Blanks
0073	Claim Status Code	MTC 00, 04, AU - Mandatory if DN0041 Date Claim Administrator Had Knowledge of the Injury is before Implementation Date.	MTC 00, 04, AU - DN0041 >= Implementation Date
0146	Death Result of Injury Code	MTCs 00, 04, AQ, AU - Must be entered if DN0057 Employee Date of Death is present and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN 0057 > Blanks and when DN0041 >= Implementation Date
0154	Employee ID Assigned by Jurisdiction	All MTCs - In absence of any preferred identifier and DN0270 Employee ID Type Qualifier is equal to 'A', Employee ID Assigned by Jurisdiction.	All MTCs - DN 0270 = 'A'
0165	Employer Mailing City	MTCs 00, 04, AU - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN0041 >= Implementation Date
0167	Employer Mailing Postal Code	MTCs 00, 04, AU - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN0041 >= Implementation Date
0168	Employer Mailing Primary Address	MTCs 00, 04, AU - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN0041 >= Implementation Date
0170	Employer Mailing State Code	MTCs 00, 04, AU - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN0041 >= Implementation Date
0184	Insured Type Code	MTC 04 - DN0198 Full Denial Reason Code does not equal 3D or 3E.	MTC 04 - DN0198 <> 3D or 3E
0185	Insurer Type Code	MTCs 00, 04, AQ, AU - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AQ, AU - DN0041 >= Implementation Date

**Missouri Division of Workers' Compensation  
Claims Release 3  
First Report of Injury Conditional Requirements**

**FROI DATA ELEMENT**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0189	Return to Work Type Code	MTCs 00, 04, AQ, AU - Mandatory if DN0068 Initial Return to Work Date is populated and DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AQ, AU - DN0068 > Blanks and DN0041 >= Implementation Date
0198	Full Denial Reason Code	MTC 04 - Mandatory if DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTC 04 - DN0041 >= Implementation Date
0199	Full Denial Effective Date	MTC 04 - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTC 04 - DN0041 >= Implementation Date
0224	Physical Restrictions Indicator	MTCs 00, 04, AU - When DN0068 Initial Return to Work Date is populated and DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN0068 > Blanks and DN0041 >= Implementation Date
0270	Employee ID Type Qualifier	MTCs 00, 01, 04, AQ, AU - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 01, 04, AQ, AU - DN0041 >= Implementation Date
0290	Type of Loss Code	MTCs 00, 04, AU - Mandatory if DN0041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 04, AU - DN 0041 >= Implementation Date
0292	Insolvent Insurer FEIN	MTCs AQ, AU - Mandatory if DN0185 Insurer Type Code is equal to 'G' Guarantee Fund.	MTCs AQ, AU - DN0185 = G
0314	Insured FEIN	MTC 00, AU - Mandatory if DN0184 Insured Type Code = I, Insured and if Insured FEIN is not equal to DN0016 Employer FEIN and DN0041 Date Claim Administrator had Knowledge of the Injury is on or after implementation date.  MTC 04 - Mandatory if DN0184 Insured Type Code = I, Insured and DN0314 Insured FEIN is not equal to DN0016 Employer FEIN and DN0041 Date Claim Administrator had Knowledge of the Injury is on or after implementation date and DN0198 Full Denial Reason Code is not 3 A-H.	MTC 00, AU - DN0184 = I and DN0314 <> DN0016 and DN0041 >= Implementation Date  MTC 04 - DN0184 = I and DN0314 <> DN0016 and DN0041 >= Implementation Date and DN0198 <> 3 A-H
0329	Employer UI Number	MTCs 00, 01, 04, AQ, AU - Mandatory if DN0007 Insurer Name is equal to CARO and DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	MTCs 00, 01, 04, AQ, AU - DN0007=CARO and DN041 >= Implementation Date

**Missouri Division of Workers' Compensation  
Claims Release 3  
Subsequent Report of Injury Element Requirements**

- M (Mandatory)  
MC (Mandatory/Conditional)  
IA (If Applicable/Available)  
NA (Not Applicable)  
F (Fatal Technical)  
X (Exclude)  
FC (Fatal/Conditional) - Limited to 02 Change. *Essential data elements that are required for a variable segment to be processed. These data elements must be populated only with previously reported values when the other related data element(s) within the same variable segment have changed.*  
FY (Fatal yes change) *Essential data elements which are necessary for a transmission/transaction that can be changed on a MTC 02.*  
Y (Yes Change) *limited to 02 Change*  
YC (Yes Change/Conditional) *limited to 02 Change*  
N (No Change) *limited to 02 Change*

Note: For MTC 02, per the Match Data Rules, only two Match Data element can be changed per transaction. Lower case requirement codes indicate these *Match Data* data elements.

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

● Mailing or ○ Physical

SROI MTCs																							
REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CD	EP	FN	ER	IP	PD	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	QT
A49	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0002	Maintenance Type Code	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0003	Maintenance Type Code Date	DATE	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0004	Jurisdiction Code	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0006	Insurer FEIN	9 A/N	FY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0014	Claim Administrator Postal Code	9 A/N	FY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0055	Employee Number of Dependents	2 N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0069	Pre-existing Disability Code	1 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0056	Initial Date Disability Began	DATE	Y	NA	M	M	M	MC	NA	M	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0070	Date of Maximum Medical Improvement	DATE	IA	X	IA	NA	IA	MC	NA	IA	IA	MC	NA	IA	NA	NA	NA	NA	NA	NA	NA	MC
A49	0072	Current Return to Work Date	DATE	Y	NA	IA	X	IA	MC	NA	IA	IA	NA	X	MC	NA	NA	NA	NA	NA	NA	NA	MC
A49	0057	Employee Date of Death	DATE	Y	MC	NA	M	NA	MC	NA	NA	MC	MC	NA	X	MC	NA	M	X	X	NA	NA	MC
A49	0063	Wage Period Code	2 A/N	Y	NA	M	M	M	NA	NA	M	M	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	M
A49	0064	Number of Days Worked Per Week	1 N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0031	Date of Injury	DATE	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
A49	0026	Insured Report Number	25 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0015	Claim Administrator Claim Number	25 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0005	Jurisdiction Claim Number	25 A/N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
A49	0073	Claim Status Code	1 A/N	IA	MC	NA	NA	NA	MC	MC	NA	MC	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	MC
A49	0074	Claim Type Code	1 A/N	IA	NA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	NA	NA	NA	NA	NA	NA	NA	IA
A49	0075	Agreement to Compensate Code	1 A/N	NA	X	NA	NA	X	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0076	Date Claim Administrator Notified of Employee Representation	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
A49	0077	Late Reason Code	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Variable Segment Counters</b>																							
A49	0078	Number of Permanent Impairments	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0082	Number of Death Dependent/Payee Relationships	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
<b>Variable Segments</b>																							
	<b>Permanent Impairments</b>		Jurisdictions must require Permanent Impairment Body Part Code if any of the following <i>Permanent Impairments</i> data elements are requested.																				
A49	0083	Permanent Impairment Body Part Code	NA	FC	X	NA	X	NA	MC	MC	NA	NA	MC	MC	NA	NA	NA	NA	NA	NA	NA	NA	MC
A49	0084	Permanent Impairment Percentage	3.2 N	IA	X	NA	X	NA	MC	MC	NA	NA	MC	MC	NA	NA	NA	NA	NA	NA	NA	NA	MC
	<b>Death/Dependent/Payee Relationships</b>																						
A49	0097	Dependent/Payee Relationship Code	2 A/N	IA	X	MC	X	MC	MC	MC	MC	MC	MC	MC	X	X	NA	X	X	X	NA	NA	MC
R22	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0295	Maintenance Type Correction Code	2 A/N	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
R22	0296	Maintenance Type Correction Code Date	DATE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
R22	0298	Date Claim Administrator Had Knowledge of Lost Time	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0015	Claim Administrator Claim Number	25 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0187	Claim Administrator FEIN	9 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0188	Claim Administrator Name	40 A/N	N	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0140	Claim Administrator Claim Representative Name	40 A/N	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0137	Claim Administrator Claim Representative Business Phone Number	15 A/N	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA

**Missouri Division of Workers' Compensation  
Claims Release 3  
Subsequent Report of Injury Element Requirements**

SROI MTCs																							
REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CD	EP	FN	ER	IP	PD	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	QT
R22	0138	Claim Administrator Claim Representative Email Address	80 A/N	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0139	Claim Administrator Claim Representative Fax Number	10 A/N	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0270	Employee ID Type Qualifier	1 A/N	m	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	*	Employee ID	* One of the following Employee ID types may be populated in positions 244-258.																				
	0042	Employee SSN	15 A/N	m	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
	0152	Employee Employment Visa	15 A/N	m	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	0153	Employee Green Card	15 A/N	m	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	0154	Employee ID Assigned by Jurisdiction	15 A/N	m	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
	0156	Employee Passport Number	15 A/N	m	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0043	Employee Last Name	40 A/N	m	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
R22	0044	Employee First Name	15 A/N	m	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
R22	0045	Employee Middle Name/Initial	15 A/N	N	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0255	Employee Last Name Suffix	4 A/N	N	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0052	Employee Date of Birth	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0054	Employee Marital Status Code	1 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0151	Employee Education Level	2 N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0213	Employee Number of Entitled Exemptions	2 N	NA	X	NA	NA	NA	NA	NA	NA	X	NA	NA	X	X	X	X	X	X	X	X	NA
R22	0201	Anticipated Wage Loss Indicator	1 A/N	NA	X	X	X	X	X	X	X	NA	X	X	NA	X	X	X	X	X	X	X	X
R22	0202	Reduced Benefit Amount Code	2 A/N	Y	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0158	Employee Tax Filing Status Code	1 A/N	NA	X	NA	NA	NA	NA	NA	NA	X	NA	NA	X	X	X	X	X	X	X	X	NA
R22	0146	Death Result of Injury Code	1 A/N	Y	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	X	MC	NA	MC	X	X	MC	MC	MC
R22	0314	Insured FEIN	9 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0292	Insolvent Insurer FEIN	9 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0016	Employer FEIN	9 A/N	m	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
R22	0023	Employer Physical Postal Code	9 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0228	Return to Work with Same Employer Indicator	1 A/N	NA	NA	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0281	Date Employer Had Knowledge of Date of Disability	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0212	Non-Consecutive Period Code	1 A/N	NA	X	NA	X	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	X
R22	0172	Estimated Gross Weekly Amount Indicator	1 A/N	NA	X	NA	X	NA	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0145	Current Date Last Day Worked	DATE	Y	X	IA	NA	IA	NA	MC	IA	IA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0144	Current Date Disability Began	DATE	Y	NA	IA	NA	IA	NA	MC	IA	IA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	X
R22	0065	Initial Date Last Day Worked	DATE	Y	NA	IA	NA	M	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0189	Return to Work Type Code	1 ID	Y	NA	MC	NA	MC	MC	NA	MC	MC	MC	NA	MC	IA	IA	IA	IA	IA	IA	IA	MC
R22	0224	Physical Restrictions Indicator	1 A/N	Y	NA	MC	NA	MC	MC	NA	MC	MC	MC	NA	MC	IA	IA	IA	IA	IA	IA	IA	MC
R22	0193	Suspension Effective Date	DATE	Y	X	X	X	X	X	X	X	X	X	X	MC	MC	MC	MC	MC	MC	MC	MC	X
R22	0199	Full Denial Effective Date	DATE	Y	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
R22	0196	Denial Rescission Date	DATE	Y	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	X	X	X	X	X	X	X	X	MC
R22	0294	Partial Denial Code	1 A/N	IA	X	X	X	X	X	X	X	MC	X	X	X	X	X	X	X	X	X	X	X
R22	0134	Calculated Weekly Compensation Amount	\$9.2	Y	NA	MC	X	NA	MC	NA	MC	NA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	MC
R22	0256	Wage Effective Date	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0149	Discontinued Fringe Benefits	\$9.2	NA	X	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0290	Type of Loss Code	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0058	Employment Status Code	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0223	Permanent Impairment Minimum Payment Indicator	1 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0068	Initial Return to Work Date	DATE	Y	NA	MC	NA	MC	MC	NA	MC	NA	MC	NA	M	IA	IA	IA	IA	IA	IA	IA	MC
R22	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	Y	NA	M	NA	NA	M	M	M	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	NA	M
R22	0293	Lump Sum Payment/Settlement Code	2 A/N	Y	X	X	X	X	X	X	X	MC	X	X	X	X	X	X	X	X	X	X	X
R22	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	Y	NA	NA	X	M	M	M	NA	NA	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	M
R22	0286	Average Wage	\$9.2	Y	NA	MC	MC	NA	MC	NA	MC	NA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	MC
R22	0297	Initial Date of Lost Time	DATE	Y	NA	MC	MC	MC	IA	MC	MC	NA	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA	IA
R22	0299	Award/Order Date	DATE	NA	X	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0200	Claim Administrator Alternate Postal Code		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Variable Segment Counters																							
R22	0288	Number of Benefits	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0283	Number of Payments	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0282	Number of Other Benefits	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0289	Number of Benefit ACR	3 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F

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SROI MTCs																							
REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CD	EP	FN	ER	IP	PD	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	QT
R22	0284	Number of Recoveries	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0285	Number of Reduced Earnings	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0275	Number of Concurrent Employers	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0276	Number of Denial Reason Narratives	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
R22	0287	Number of Suspension Narratives	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Variable Segments																							
Benefits			E0	E0	E1	E0	E1	E0	E1	E1	E0	E0	E1	E1	E1	E1	E1	E1	E1	E1	E1	E1	E0
			Jurisdictions must require DN0085 - Benefit Type Code if any of the following data elements from the Benefits segment are requested.																				
R22	0085	Benefit Type Code	3 A/N	FC	Event Benefits Segment Requirements must be defined on the Event Benefits Segment ReqTab For MTCs: AP, EP, ER, IP, PY (Benefit Type Codes other than 5XX), RB, 04 (if indemnity benefits are being paid at the time of the denial), S1-S8 ► E0, E1 and E2 labels on the Benefits title line shows the minimum # of segments by MTC (See Variable Segment Population Rules in Section 4). ► Benefit Type Code (DN0085) is pre-populated in the Benefits segment because the segment cannot be sent without this data element. ► "Sweep" Benefits Segment Rules and Lump Sum Payment/Settlements from Variable Segment Population Rules in Section 4 apply to "non-event" Benefits segments. ► Benefits segment requirements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction.																		Requirements on Periodic reports based on "Sweep" Benefits Segment Rules in Variable Segment Population Rules (see Section 4).
R22	0002	Maintenance Type Code	2 A/N	YC																			
R22	0174	Gross Weekly Amount	\$9.2	N																			
R22	0175	Gross Weekly Amount Effective Date	DATE	N																			
R22	0087	Net Weekly Amount	\$9.2	N																			
R22	0211	Net Weekly Amount Effective Date	DATE	N																			
R22	0088	Benefit Period Start Date	DATE	Y																			
R22	0089	Benefit Period Through Date	DATE	IA																			
R22	0090	Benefit Type Claim Weeks	4 N	YC																			
R22	0091	Benefit Type Claim Days	1 N	YC																			
R22	0086	Benefit Type Amount Paid	\$9.2	YC																			
R22	0192	Benefit Payment Issue Date	DATE	YC																			
Payments			Jurisdictions must require DN0222 - Payment Reason Code if any of the following data elements from the Payments segment are requested.																				
R22	0222	Payment Reason Code	3 A/N	YC	X	MC	X	MC	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X
R22	0217	Payee	40 A/N	YC	X	MC	X	MC	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X
R22	0218	Payment Amount	\$9.2	YC	X	MC	X	MC	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X
R22	0219	Payment Covers Period Start Date	DATE	YC	X	MC	X	MC	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X
R22	0220	Payment Covers Period Through Date	DATE	YC	X	MC	X	MC	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X
R22	0195	Payment Issue Date	DATE	YC	X	MC	X	MC	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X
Other Benefits			Jurisdictions must require DN0216 - Other Benefit Type Code if any of the following data elements from the Other Benefits segment are requested.																				
R22	0216	Other Benefit Type Code	3 A/N	N	X	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0215	Other Benefit Type Amount	\$9.2	IA	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Benefit ACR - Segment contains Adjustments, Credits or Redistributions			Jurisdictions must require DN0092 - Benefit Adjustment Code if any of the following Benefit Adjustment data elements are requested.																				
R22	0092	Benefit Adjustment Code	4 A/N	FC	X	IA	IA	NA	IA	NA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0094	Benefit Adjustment Start Date	DATE	IA	X	MC	MC	NA	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0125	Benefit Adjustment End Date	DATE	IA	X	MC	MC	NA	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0093	Benefit Adjustment Weekly Amount	\$9.2	IA	X	MC	MC	NA	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
			Jurisdictions must require DN0126 - Benefit Credit Code if any of the following Benefit Credit data elements are requested.																				
R22	0126	Benefit Credit Code	4 A/N	FC	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0127	Benefit Credit Start Date	DATE	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0128	Benefit Credit End Date	DATE	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0129	Benefit Credit Weekly Amount	\$9.2	NA	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
			Jurisdictions must require DN0130 - Benefit Redistribution Code if any of the following Benefit Redistribution data elements are requested.																				
R22	0130	Benefit Redistribution Code	4 A/N	FC	X	IA	IA	IA	NA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA
R22	0131	Benefit Redistribution Start Date	DATE	IA	X	MC	MC	MC	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0132	Benefit Redistribution End Date	DATE	IA	X	MC	MC	MC	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0133	Benefit Redistribution Weekly Amount	\$9.2	IA	X	MC	MC	MC	MC	NA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Recoveries			Jurisdictions must require DN0226 - Recovery Code if any of the following Recoveries data elements are requested.																				
R22	0226	Recovery Code	3 A/N	FC	IA	IA	NA	IA	MC	IA	IA	IA	IA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
R22	0225	Recovery Amount	\$9.2	Y	IA	IA	NA	IA	MC	IA	IA	IA	IA	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Reduced Earnings			Jurisdictions must require DN0242 - Reduced Earnings Week Number if any of the following Reduced Earnings data elements are requested.																				
R22	0242	Reduced Earnings Week Number	2 N	X	X	NA	X	NA	X	X	NA	X	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	X
R22	0124	Actual Reduced Earnings	\$9.2	X	X	NA	X	NA	X	X	NA	X	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	X
R22	0147	Deemed Reduced Earnings	\$9.2	X	X	NA	X	NA	X	X	NA	X	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	X

**Missouri Division of Workers' Compensation  
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Subsequent Report of Injury Element Requirements**

SROI MTCs																							
REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CD	EP	FN	ER	IP	PD	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	QT
		<b>Concurrent Employers</b>	Jurisdictions must require DN0141 - Concurrent Employer Name if any of the following <b>Concurrent Employers</b> data elements are requested.																				
R22	0141	Concurrent Employer Name	40 A/N	FC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0142	Concurrent Employer Contact Business Phone	15 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
R22	0143	Concurrent Employer Wage	\$9.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		<b>Denial Reason Codes</b>																					
R22	0198	Full Denial Reason Code	2 A/N	Y	MC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		<b>Denial Reasons</b>																					
R22	0197	Denial Reason Narrative	50 A/N	IA	MC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		<b>Suspension Narratives</b>																					
R22	0233	Suspension Narrative	50 A/N	IA	X	X	X	X	X	X	X	X	X	X	M	M	M	M	M	M	M	M	X

**Missouri Division of Workers' Compensation**  
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**Subsequent Report of Injury Conditional Requirements**

**SROI DATA ELEMENT**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0042	Employee SSN	All MTCs - Mandatory if DN 0270 Employee ID Type Qualifier = S (SSN must be reported if available)	DN 0270 = 'S' for Employee Social Security Number
0056	Initial Date Disability Began	MTC PY - DN0074 Claim Type Code = I or L and DN0056 Initial Date Disability Began > DN0031 Date of Injury and DN0057 Employee Date of Death = Blanks. MTC FN - Mandatory if previously reported	MTC PY - DN0074 = I, L and DN0056 > DN0031 and DN0057 = Blanks MTC FN - Initial Date Disability Began > Blanks
0057	Employee Date of Death	MTC 04, FN, PY, PD, S2, S4, QT - Mandatory when DN 0146 Death Result of Injury Code = Y or if employee is deceased.	MTC 04, FN, PY, PD, S2, S4, QT - DN0146 = 'Y' for Yes
0068	Initial Return to Work Date	MTC AP, EP, IP - Mandatory when DN0085 Benefit Type Code is equal to 070 Temporary Partial Disability . MTC FN, PY, QT - Mandatory when DN0189 Return to Work Type Code is populated or DN0068 has been previously reported.	MTC AP, EP, IP - DN0085 = 070 MTC FN, PY, QT - DN0189 > Blanks and/or DN0068 > Blanks
0070	Date of Maximum Medical Improvement	MTC PY, QT, FN - Mandatory if DN0085 Benefit Type Code = 020, 520, 530, 540, 590 and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY, QT, FN - DN0085 Benefit Type Code = 020 or DN0222 Payment Reason Code = 520, 530, 540, 590 and DN0041 >= Implementation Date
0072	Current Return to Work Date	MTC S1 - Mandatory if DN0212 Non-Consecutive Period Code = B and prior S1 filed and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".  MTCs FN, QT - Mandatory if previously reported.	MTC S1 - DN0212 = 'B' and S1 MTC previously filed and DN0041 >= Implementation Date
0073	Claim Status Code	MTC 04, PD, FN, ER, RB, QT - Mandatory if Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC 04, PD, FN, ER, RB, QT - DN0041 >= Implementation Date
0083	Permanent Impairment Body Part Code	MTC FN, ER, PY, RB, QT - Mandatory if DN0085 Benefit Type Code = 20, 520, 530, 540, 590 and DN0070 Date of Maximum Medical Improvement > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC FN, ER, PY, RB, QT - DN0085 Benefit Type Code = 20, 520, 530, 540, 590 and DN0070 > Blanks and DN0041 >= Implementation Date
0084	Permanent Impairment Percentage	MTC FN, ER, PY, RB, QT - Mandatory if DN0085 Benefit Type Code = 20, 520, 530, 540, 590 and DN0070 Date of Maximum Medical Improvement > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC FN, ER, PY, RB, QT - DN0085 Benefit Type Code = 20, 520, 530, 540, 590 and DN0070 > Blanks and DN0041 >= Implementation Date
0093	Benefit Adjustment Weekly Amount	All MTCs - Mandatory if Benefit Adjustment Code (DN 0092) is present and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0092 = I or V and DN0041 >= Implementation Date
0094	Benefit Adjustment Start Date	All MTCs - Mandatory if Benefit Adjustment Code (DN 0092) is present and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0092 = I or V and DN0041 >= Implementation Date
0097	Dependent/Payee Relationship Code	MTC AP, EP, FN, ER, IP, PD, PY, RB, QT - Mandatory when DN0085 Benefit Type Code = 010, 510 or DN0146 Death Result of Injury = Y and DN0055 Employee Number of Dependents > 0 and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC AP, EP, FN, ER, IP, PD, PY, RB, QT - DN0085 = 010, 510 or DN0146 = Y and DN0055 > 0 and DN0041 >= Implementation Date
0125	Benefit Adjustment End Date	All MTCs - Mandatory if Benefit Adjustment Code (DN 0092) is present and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0092 = I or V and DN0041 >= Implementation Date
0131	Benefit Redistribution Start Date	All MTCs - Mandatory If DN 0130 > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0130 > Blanks and DN0041 >= Implementation Date
0132	Benefit Redistribution End Date	All MTCs - Mandatory If DN 0130 > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0130 > Blanks and DN0041 >= Implementation Date
0133	Benefit Redistribution Weekly Amount	All MTCs - Mandatory If DN 0130 > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0130 > Blanks and DN0041 >= Implementation Date
0134	Calculated Weekly Compensation Amount	MTC AP, IP, RB, FN and QT - Mandatory if DN0286 is greater than one dollar and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC AP, IP, RB, FN and QT - DN0286 > \$1 and DN0041 >= Implementation Date
0144	Current Date Disability Began	MTC ER, RB - Mandatory if MTC = ER, RB and if Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC = ER, RB and DN0041 > Implementation Date
0145	Current Date Last Day Worked	MTC ER, RB - Mandatory if MTC = ER, RB and if Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC = ER, RB and DN0041 > Implementation Date
0146	Death Result of Injury Code	MTC 04, AP, CD, EP, FN, ER, IP, PY, RB, S2, S4, QT - Mandatory if DN0057 Employee Date of Death is > Blanks and if Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC 04, AP, CD, EP, FN, ER, IP, PY, RB, S2, S4, QT - DN0057 > Blanks and DN0041 > Implementation Date
0154	Employee ID Assigned by Jurisdiction	All MTCs - In absence of any preferred identifier and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN 0270 = 'A' and DN0041 > Implementation Date
0188	Claim Administrator Name	All MTCs - Mandatory if DN041 Date Claim Administrator Had Knowledge of the Injury is on or after Implementation Date.	All MTCs - DN0041 >= Implementation Date



**Missouri Division of Workers' Compensation**  
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**SROI DATA ELEMENT**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0189	Return to Work Type Code	MTC AP, EP, IP, PD, PY, S1 Mandatory If DN0068 Initial Return to Work Date and/or DN0072 Current Return to Work Date > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date". MTC FN, QT - Mandatory if previously reported and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC AP, EP, IP, PD, PY, S1 - DN0068 and/or DN0072 > Blanks and DN0041 > Implementation Date MTC FN, QT - DN0189 Previously reported and DN0041 >= Implementation Date
0193	Suspension Effective Date	MTC S1, S2, S3, S4, S5, S6, S7, S8 - Mandatory if Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC S1, S2, S3, S4, S5, S6, S7, S8 - DN0041 >= Implementation Date.
0195	Payment Issue Date	MTC PY - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0041 >= Implementation Date
0196	Denial Rescission Date	MTCs AP, CD, EP, FN, ER, IP, PD, PY, RB, QT - Mandatory when prior 04 transaction on file and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTCs AP, CD, EP, FN, ER, IP, PD, PY, RB, QT - Mandatory when 04 transaction on file and DN0041 >= "Implementation Date".
0197	Denial Reason Narrative	MTC 04 - Mandatory if Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC 04 - DN0041 >= Implementation Date
0198	Full Denial Reason Code	MTC 04 - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC 04 - DN0041 >= Implementation Date
0202	Reduced Benefit Amount Code	All MTCs - Date Claim Administrator Had Knowledge Of The Injury is on or after "Implementation Date" and was previously sent or one of the following conditions exist : MTC IP - (Code "R") Mandatory if DN0085 Benefit Type Code 2XX was previously sent on EP and is not present on this transaction. MTC PY - (Code "R") Mandatory if DN0085 Benefit Type Code 2XX was previously sent on EP and is not present on this transaction unless DN0216 Other Benefit Type Code = 430 OR (Code "S", "N") Mandatory if no Benefits/Other Benefits segments are present and DN0226 Recovery Code not entered. MTC FN - Mandatory if no Benefits/Other Benefits segments are present and DN0226 Recovery Code not entered unless SROI CD or SROI PD previously reported with no Benefits/Other Benefits segments.	All MTCs - DN0041 >= Implementation Date and DN0202 > Blanks or MTC IP - DN0202 = 'R' and previous Benefit Segment sent where DN0002 = 'EP' and DN0085 = 2XX or MTC PY - DN0202 = 'R' and previous Benefit Segment sent where DN0002 = 'EP' and DN0085 = 2XX and DN0216 <> '430' or MTC PY - DN0202 = 'S' or 'N' and DN0226 = Blanks and no previous Benefit or Other Benefit segment submitted or MTC FN - DN0226 = Blanks and no previous Benefit or Other Benefit segment submitted unless previous SROI CD/PD reported
0215	Other Benefit Type Amount	All MTCs - Mandatory if DN0216 Other Benefit Type Code is populated and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0216 = 3xx, 4xx and DN0041 >= Implementation Date
0216	Other Benefit Type Code	All MTCs - Mandatory if Other Benefit Paid and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0216 = 3xx, 4xx and DN0041 >= Implementation Date
0217	Payee	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0041 >= Implementation Date
0218	Payment Amount	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0041 >= Implementation Date
0219	Payment Covers Period Start Date	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0041 >= Implementation Date
0220	Payment Covers Period Through Date	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0041 >= Implementation Date
0222	Payment Reason Code	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0041 >= Implementation Date
0224	Physical Restrictions Indicator	MTC AP, EP, IP, PD, PY, S1 Mandatory If DN0068 Initial Return to Work Date and/or DN0072 Current Return to Work Date > Blanks and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".  MTC FN, QT - Mandatory if previously reported and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC AP, EP, IP, PD, PY DN0068 and/or DN0072 > Blanks and DN0041 > Implementation Date MTC FN, QT - DN0189 Previously reported and DN0041 > Implementation Date
0226	Recovery Code	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after Implementation Date and DN0284 Number of Recoveries > 0	All MTCs - DN0041 >= Implementation Date and DN0284 > 0
0270	Employee ID Type Qualifier	All MTCs - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	All MTCs - DN0041 >= Implementation Date
0286	Average Wage	AP, CD, FN, IP, RB, QT - Mandatory when DN0134 is greater than zero and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	AP, CD, FN, IP, RB, QT - DN0134 > 0 and DN0041 >= Implementation Date
0293	Lump Sum Payment/Settlement Code	MTC PY - Mandatory for Award/Settlement and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC PY - DN0293 = SF, SP, AW and DN0041 >= Implementation Date
0294	Partial Denial Code	MTC PD - Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	PD - DN0041 >= Implementation Date
0297	Initial Date of Lost Time	MTC AP, CD, EP, ER, IP, RB - Mandatory If DN0074 Claim Type Code = I, L and Date Claim Administrator Had Knowledge Of The Injury (DN0041) is on or after "Implementation Date".	MTC AP, CD, EP, ER, IP, RB - DN0074 = I, L and DN0041 >= Implementation Date

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**Event Benefit Segment Element Requirements**

**For MTC's: AB, AP, CB, EP, ER, IP, PY (Benefit Type Codes other than 5XX),  
RB, CA, RE 02, CO, CB, P1-P9, PJ, S1-9, SD, SJ**

**Legend:**

E = Expected  
EC = Expected/Conditional  
F = Fatal Technical  
M = Mandatory  
MC = Mandatory/Conditional  
NA = Not applicable  
R = Restricted  
RC = Restricted/Conditional  
X = Exclude

	<i>Benefit Type</i>	<i>0085 Benefit Type Code</i>	<i>0002 MTC</i>	<i>0174 Gross Weekly Amount</i>	<i>0175 Gross Wkly Amt Eff Date</i>	<i>0087 Net Weekly Amount</i>	<i>0211 Net Wkly Amt Eff Date</i>	<i>0088 Ben Period Start Date</i>	<i>0089 Ben Period Thru Date</i>	<i>0090 Ben Type Claim Weeks</i>	<i>0091 Ben Type Claim Days</i>	<i>0086 Ben Type Amount Paid</i>
Fatal	<b>010</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Total	<b>020</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Total Supplemental	<b>021</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Partial Scheduled	<b>030</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Partial Unscheduled	<b>040</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA
Temporary Total	<b>050</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Temporary Total Catastrophic	<b>051</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA
Temporary Partial	<b>070</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer's Liability	<b>080</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Partial Disfigurement	<b>090</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Fatal Benefits	<b>210</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Permanent Partial Scheduled	<b>230</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Unspecified	<b>240</b>	<b>RC</b>	F	X	X	X	X	NA	NA	X	X	X
Employer Paid Vocational Rehab Maintenance	<b>242</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Temporary Total	<b>250</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Temporary Total Catastrophic	<b>251</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Temporary Partial	<b>270</b>	<b>MC</b>	F	MC	MC	MC	MC	MC	MC	MC	MC	MC
Vocational Rehabilitation Maintenance	<b>410</b>	<b>R</b>	F	NA	NA	NA	NA	NA	NA	NA	NA	NA

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Event Benefit Conditional Requirements**

**BENEFIT DATA ELEMENT**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0085	Benefit Type Code	Mandatory if a Benefit Type has been paid, DN0288 Number of Benefits is greater than 0 and DN0041 Date Claim Administrator Had Knowledge Of The Injury is on or after "Implementation Date".	DN0288 > 0 and DN0041 >= Implementation Date
0086	Benefit Type Amount Paid	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0087	Net Weekly Amount	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0088	Benefit Period Start Date	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0089	Benefit Period Through Date	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0090	Benefit Type Claim Weeks	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0091	Benefit Type Claim Days	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0174	Gross Weekly Amount	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0175	Gross Weekly Amount Effective Date	Mandatory if DN0085 Benefit Type Code present.	DN0085 > Blanks
0192	Benefit Payment Issue Date	Mandatory if DN0085 Benefit Type Code present and equal to OXX and MTC present on case = IP, AP, (for first payment on case), RB (for first payment after reinstatement) and PY.	DN0085 = OXX and MTC = IP, AP (for first payment on case) or RB (for first payment after reinstatement), PY

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### Code Value Table

**Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out):**  
Missouri has indicated the code values that are not statutorily valid. A 'N' in the capture column indicates that the data element is not captured; a 'Y' indicates that the data element is captured in Missouri. A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' in Missouri. Missouri will return Error Message-'042-Not Statutorily Valid' on grayed out values. The code values that are not grayed out are statutorily valid and will be processed in Missouri.

[illegible]

## Missouri Division of Workers' Compensation

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## DN-Error Message Table

Sorted by Error Message & DN		Relaxed requirement edits (Err msg 001 & 108)		Jurisdiction will apply edits?		Population Restrictions Indicator		Jurisdiction will apply edits?	
DN	IAIABC Data Element Name								
0000	Entire Batch	NI	Y						
0001	Transaction Set ID	NI	F	F					
0002	Maintenance Type Code	NI	F	P	F				
0003	Maintenance Type Code Date	NI	F	P	F				
0004	Jurisdiction Code	NI	F	F	F				
0005	Jurisdiction Claim Number	NI	Y	P	L				
0006	Insurer FEIN	NI	Y	P	F				
0007	Insurer Name	NI	Y	P	L				
0010	Claim Administrator Primary Address	NI	Y	L					
0011	Claim Administrator Secondary Address	NI	N						
0012	Claim Administrator City	NI	Y	L					
0013	Claim Administrator State Code	NI	Y	L					
0014	Claim Administrator Postal Code	NI	F	P	F				
0015	Claim Administrator Claim Number	NI	F	P	F				
0016	Employer FEIN	NI	Y	L					
0017	Insured Name	NI	Y	P	L				
0018	Employer Name	NI	Y	L					
0019	Employer Physical Primary Address	NI	Y	L					
0020	Employer Physical Secondary Address	NI	N						
0021	Employer Physical City	NI	Y	L					
0022	Employer Physical State Code	NI	Y	L					
0023	Employer Physical Postal Code	NI	Y	P	L				
0025	Industry Code	NI	Y	L					
0026	Insured Report Number	NI	N						
0027	Insured Location Identifier	NI	N						
0028	Policy Number Identifier	NI	Y	P	L				
0029	Policy Effective Date	NI	Y	P	L				
0030	Policy Expiration Date	NI	Y	P	L				
0031	Date of Injury	NI	Y	L					
0032	Time of Injury	NI	Y						
0033	Accident Site Postal Code	NI	Y	P	L				
0035	Nature of Injury Code	NI	Y	P	L				
0036	Part of Body Injured Code	NI	Y	P	L				
0037	Cause of Injury Code	NI	Y	P	L				
0038	Accident/Injury Description Narrative	NI	Y	L					
0039	Initial Treatment Code	NI	Y						
0040	Date Employer Had Knowledge of the Injury	NI	Y	L					
0041	Date Claim Administrator Had Knowledge of the Injury	NI	Y	L					
0042	Employee SSN	NI	Y	P	L				
0043	Employee Last Name	NI	Y	L					
0044	Employee First Name	NI	Y	L					
0045	Employee Middle Name/Initial	NI	Y						
0046	Employee Mailing Primary Address	NI	Y	L					

## Missouri Division of Workers' Compensation

## Claims Release 3

### DN-Error Message Table

Sorted by Error Message & DN		Relaxed requirement edits (Err msg 001 & 108)		Jurisdiction will apply edits?		Population Restrictions Indicator		Jurisdiction will apply edits?	
DN	IAIABC Data Element Name								
0047	Employee Mailing Secondary Address	NI	Y						
0048	Employee Mailing City	NI	Y	L					
0049	Employee Mailing State Code	NI	Y	L					
0050	Employee Mailing Postal Code	NI	Y	P	L				
0051	Employee Phone Number	NI	Y						
0052	Employee Date of Birth	NI	Y	P	L				
0053	Employee Gender Code	NI	Y	L					
0054	Employee Marital Status Code	NI	Y	L					
0055	Employee Number of Dependents	NI	Y	P	L				
0056	Initial Date Disability Began	NI	Y	P	L				
0057	Employee Date of Death	NI	Y	P	L				
0058	Employment Status Code	NI	Y	L					
0059	Manual Classification Code	NI	Y	L					
0060	Occupation Description	NI	N						
0061	Employee Date of Hire	NI	Y	P					
0062	Wage	NI	Y						
0063	Wage Period Code	NI	Y	L					
0064	Number of Days Worked Per Week	NI	N						
0065	Initial Date Last Day Worked	NI	Y	P	L				
0066	Full Wages Paid for Date of Injury Indicator	NI	Y	L					
0068	Initial Return to Work Date	NI	Y	P	L				
0069	Pre-Existing Disability Code	NI	N						
0070	Date of Maximum Medical Improvement	NI	Y	P	L				
0072	Current Return to Work Date	NI	Y	P	L				
0073	Claim Status Code	NI	Y	L					
0074	Claim Type Code	NI	Y						
0075	Agreement to Compensate Code	NI	N						
0076	Date Claim Administrator Notified of Employee Representation	NI	N						
0077	Late Reason Code	NI	N						
0078	Number of Permanent Impairments	NI	F	P	F				
0082	Number of Death Dependent/Payee Relationships	NI	F	P	F				
0083	Permanent Impairment Body Part Code	NI	Y	P	L				
0084	Permanent Impairment Percentage	NI	Y	P	L				
0085	Benefit Type Code	NI	Y	P	L				
0086	Benefit Type Amount Paid	NI	Y	L					
0087	Net Weekly Amount	NI	Y						
0088	Benefit Period Start Date	NI	Y	P	L				
0089	Benefit Period Through Date	NI	Y	L					
0090	Benefit Type Claim Weeks	NI	Y	P	L				
0091	Benefit Type Claim Days	NI	Y	P	L				
0092	Benefit Adjustment Code	NI	Y	P					
0093	Benefit Adjustment Weekly Amount	NI	Y	L					
0094	Benefit Adjustment Start Date	NI	Y	L					

## Missouri Division of Workers' Compensation

## Claims Release 3

### DN-Error Message Table

Edit Matrix Population Legend:					
<b>F</b> = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.					
<b>L</b> = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction					
<b>Relaxed requirement edits:</b> <b>L</b> = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims. <b>V</b> = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started in the R1 environment. <b>Nl</b> = No migration impact					
<b>Jurisdiction will apply edits?:</b> <b>F</b> = Essential data element; must be edited for successful transaction processing <b>Y</b> = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table <b>N</b> = No - indicates that none of the standard edits marked for the data elements will be applied					
Sorted by Error Message & DN					
DN	IAIABC Data Element Name				
0097	Dependent/Payee Relationship Code	Nl	Y	P	L
0098	Sender ID	Nl	F	F	
0099	Receiver ID	Nl	F	F	
0100	Date Transmission Sent	Nl	F	F	
0101	Time Transmission Sent	Nl	F	F	
0104	Test/Production Code	Nl	F	F	
0105	Interchange Version ID	Nl	F	F	
0106	Detail Record Count	Nl	F	F	
0118	Accident Site County/Parish	L	N	L	
0119	Accident Site Location Narrative	L	N		
0120	Accident Site Organization Name	L	N		
0121	Accident Site City	L	N		
0122	Accident Site Street	L	N		
0123	Accident Site State Code	L	N		
0124	Actual Reduced Earnings	Nl	N		
0125	Benefit Adjustment End Date	Nl	Y	L	
0126	Benefit Credit Code	Nl	N		
0127	Benefit Credit Start Date	Nl	N		
0128	Benefit Credit End Date	Nl	N		
0129	Benefit Credit Weekly Amount	Nl	N		
0130	Benefit Redistribution Code	Nl	Y	P	
0131	Benefit Redistribution Start Date	Nl	Y	L	
0132	Benefit Redistribution End Date	Nl	Y	L	
0133	Benefit Redistribution Weekly Amount	Nl	Y	P	L
0134	Calculated Weekly Compensation Amount	Nl	Y	P	L
0135	Claim Administrator Information/Attention Line	Nl	N		
0136	Claim Administrator Country Code	Nl	Y		
0137	Claim Administrator Claim Representative Business Phone Number	Nl	Y		
0138	Claim Administrator Claim Representative E-Mail Address	Nl	Y		
0139	Claim Administrator Claim Representative Fax Number	Nl	Y		
0140	Claim Administrator Representative Name	Nl	Y		
0141	Concurrent Employer Name	L	N		
0142	Concurrent Employer Contact Business Phone Number	L	N		
0143	Concurrent Employer Wage	L	N		
0144	Current Date Disability Began	V	Y	P	L
0145	Current Date Last Day Worked	V	Y	P	L
0146	Death Result of Injury Code	L	Y	P	L
0147	Deemed Reduced Earnings	Nl	N		
0149	Discontinued Fringe Benefits	Nl	N		
0150	Employee Authorization to Release Medical Records Indicator	L	N		
0151	Employee Education Level	L	N		
0152	Employee Employment Visa	Nl	N		
0153	Employee Green Card	Nl	N		

**Missouri Division of Workers' Compensation  
Claims Release 3  
DN-Error Message Table**

Sorted by Error Message & DN		Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = "Not grayed out": Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction.  Relaxed requirement edits: L = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims. V = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started in the R1 environment. NI = No migration impact  Jurisdiction will apply edits?: F = Essential data element; must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table N = No - indicates that none of the standard edits marked for the data elements will be applied																		Relaxed requirement edits (Err msg 001 & 108) Jurisdiction will apply edits? Population Restrictions Indicator 001 Mandatory field not present 018 Number of Days Worked must be 0-7 019 Days must be 0-6 028 All digits must be 0-9 029 Must be a valid date (CCYYMMDD) 030 Must be A-Z, 0-9, or spaces 031 Must be a valid time 033 Must be <= Date of Injury 034 Must be >= Date of Injury 035 Must be >= Initial Date Disability Began 036 Must be <= Employee Date of Death 037 Must be <= Maintenance Type Code Date 038 Must be >= Benefit Period Start Date 039 No match on database 040 All digits cannot be the same 041 Must be <= current date 042 Not statutorily valid 044 Value is > required by jurisdiction 045 Value is < required by jurisdiction 050 No matching Subsequent Report (A49) 053 No matching First Report of Injury (148) 054 Must be valid occurrence for segment 055 Must be < Employee Date of Hire 057 Duplicate Batch/Transaction 058 Code/ID invalid 059 Non-match data value not consistent with value previously reported 060 Previous paper documentation not received 061 Event Table criteria not met 062 Required segment not present 063 Invalid event sequence 064 Invalid data relationship 065 Corresponding report/data not found 066 Invalid record/transaction count 067 Must be >= Policy Effective Date 068 Must be <= Policy Expiration Date 100 No leading/embedded spaces 101 MTC not approved for production 102 Must be <= Initial Date Disability Began 103 Same code received in multiple variable segments 104 Must be >= Current Date Disability Began 105 Must be <= Current Date Disability Began 106 Invalid batch structure 107 variable segment counter > maximum value allowed 108 Expected field not present 109 Must be >=Employee Date of Hire 110 Date Must be >= Jurisdiction Implementation Date 111 Must be valid content 112 Must be >=Initial Date Last Day Worked 113 Must be >= Initial Return to Work Date 114 Must be >= Current Date Last Day Worked 117 Invalid data value not consistent with value previously reported 118 Trading Partner not approved to submit data for Insu																	
DN	IAIABC Data Element Name																																				
0154	Employee ID Assigned by Jurisdiction	NI	Y	P	L																																
0155	Employee Mailing Country Code	NI	Y																																		
0156	Employee Passport Number	NI	N																																		
0157	Employee Social Security Number Release Indicator	L	N																																		
0158	Employee Tax Filing Status Code	L	N																																		
0159	Employer Contact Business Phone Number	L	Y					L																													
0160	Employer Contact Name	L	Y																																		
0163	Employer Mailing Information/Attention Line	L	N																																		
0164	Employer Physical Country Code	L	Y																																		
0165	Employer Mailing City	L	Y		L																																
0166	Employer Mailing Country Code	L	Y		L																																
0167	Employer Mailing Postal Code	L	Y		L							L																									
0168	Employer Mailing Primary Address	L	Y		L																																
0169	Employer Mailing Secondary Address	L	Y																																		
0170	Employer Mailing State Code	L	Y		L																																
0172	Estimated Gross Weekly Amount Indicator	V	N																																		
0174	Gross Weekly Amount	V1	Y					L																													
0175	Gross Weekly Amount Effective Date	V1	Y							L																											
0184	Insured Type Code	NI	Y	P	L																																
0185	Insurer Type Code	NI	Y	P	L																																
0186	Jurisdiction Branch Office Code	NI/L	N																																		
0187	Claim Administrator FEIN	NI	F		F			L				L	L																								
0188	Claim Administrator Name	NI	Y		L																																
0189	Return to Work Type Code	NI	Y	P	L																																
0191	Transaction Count	NI	F		F			L																													
0192	Benefit Payment Issue Date	NI	Y	P	L			L																													
0193	Suspension Effective Date	NI	Y	P	L			L																													
0195	Payment Issue Date	NI	Y		L			L																													
0196	Denial Rescission Date	NI	V	P	L			L																													
0197	Denial Reason Narrative	V/NI	Y	P	L																																
0198	Full Denial Reason Code	V/NI	Y	P	L																																
0199	Full Denial Effective Date	V/NI	Y	P	L			L																													
0200	Claim Administrator Alternate Postal Code	NI	N									L																									
0201	Anticipated Wage Loss Indicator	L	N																																		
0202	Reduced Benefit Amount Code	L	N	P	L																																
0207	Managed Care Organization Code	L	N																																		
0208	Managed Care Organization Identification Number	L	N									L																									
0209	Managed Care Organization Name	L	N																																		
0211	Net Weekly Amount Effective Date	V1	Y					L																													
0212	Non-Consecutive Period Code	NI	N																																		
0213	Employee Number of Entitled Exemptions	L	N					L																													
0215	Other Benefit Type Amount	NI	Y	P	L			L																													
0216	Other Benefit Type Code	NI	Y	P	L								L																								



## Missouri Division of Workers' Compensation

## Claims Release 3

### DN-Error Message Table

Sorted by Error Message & DN		Relaxed requirement edits (Err msg 001 & 108)		Jurisdiction will apply edits?		Population Restrictions Indicator		Relaxed requirement edits (Err msg 001 & 108)	
DN	IAIABC Data Element Name	NI	Y	L	001	018	019	028	029
0217	Payee	NI	Y	L					
0218	Payment Amount	NI	Y	L					
0219	Payment Covers Period Start Date	NI	Y	L					
0220	Payment Covers Period Through Date	NI	Y	L					
0222	Payment Reason Code	NI	Y	P	L				
0223	Permanent Impairment Minimum Payment Indicator	V	N						
0224	Physical Restrictions Indicator	NI	Y	P	L				
0225	Recovery Amount	NI	Y	P	L				
0226	Recovery Code	NI	Y	P	L				
0228	Return to Work With Same Employer Indicator	L/V	N						
0233	Suspension Narrative	NI	Y	L					
0237	Witness Business Phone Number	L	N						
0238	Witness Name	L	N						
0242	Reduced Earnings Week Number	NI	N						
0249	Accident Premises Code	NI	Y						
0255	Employee Last Name Suffix	NI	Y						
0256	Wage Effective Date	L	N						
0270	Employee ID Type Qualifier	NI	Y	L					
0273	Employer Paid Salary in Lieu of Compensation Indicator	NI	Y	L					
0274	Number of Accident/Injury Description Narratives	NI	F	F					
0275	Number of Concurrent Employers	NI	F	F					
0276	Number of Denial Reason Narratives	NI	F	F					
0277	Number of Full Denial Reason Codes	NI	F	F					
0278	Number of Managed Care Organizations	NI	F	F					
0279	Number of Witnesses	NI	F	F					
0280	Accident Site Country Code	L	N						
0281	Date Employer Had Knowledge of Date of Disability	L	N						
0282	Number of Other Benefits	NI	F	F					
0283	Number of Payments	NI	F	F					
0284	Number of Recoveries	NI	F	F					
0285	Number of Reduced Earnings	NI	F	F					
0286	Average Wage	NI	Y	P	L				
0287	Number of Suspension Narratives	NI	F	F					
0288	Number of Benefits	NI	F	F					
0289	Number of Benefit ACR	NI	F	F					
0290	Type of Loss Code	L	Y	L					
0292	Insolvent Insurer FEIN	NI	Y	P	L				
0293	Lump Sum Payment/Settlement Code	NI	Y	P	L				
0294	Partial Denial Code	NI	Y	L					
0295	Maintenance Type Correction Code	NI	N						
0296	Maintenance Type Correction Code Date	NI	N						
0297	Initial Date of Lost Time	L	Y	P	L				
0298	Date Claim Administrator Had Knowledge of Lost Time	V	N						

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**DN-Error Message Table**

Sorted by Error Message & DN			
DN	IAIABC Data Element Name	<p><b>Relaxed requirement edits (Err msg 001 &amp; 108)</b></p> <p><b>Relaxed requirement edits:</b></p> <p><b>L</b> = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims.</p> <p><b>V</b> = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started in the R1 environment.</p> <p><b>NI</b> = No migration impact</p> <p><b>Jurisdiction will apply edits?:</b></p> <p><b>F</b> = Essential data element; must be edited for successful transaction processing</p> <p><b>Y</b> = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table</p> <p><b>N</b> = No - indicates that none of the standard edits marked for the data elements will be applied</p>	
		Relaxed requirement edits (Err msg 001 & 108)	Jurisdiction will apply edits?
		Population Restrictions Indicator	
0299	Award/Order Date		V N
0314	Insured FEIN		L Y P
0329	Employer UI Number		L Y
		001	Mandatory field not present
		018	Number of Days Worked must be 0-7
		019	Days must be 0-6
		028	All digits must be 0-9
		029	Must be a valid date (CCYYMMDD)
		030	Must be A-Z, 0-9, or spaces
		031	Must be a valid time
		033	Must be <= Date of Injury
		034	Must be >= Date of Injury
		035	Must be >= Initial Date Disability Began
		036	Must be <= Employee Date of Death
		037	Must be <= Maintenance Type Code Date
		038	Must be >= Benefit Period Start Date
		039	No match on database
		040	All digits cannot be the same
		041	Must be <= current date
		042	Not statutorily valid
		044	Value is > required by jurisdiction
		045	Value is < required by jurisdiction
		050	No matching Subsequent Report (A49)
		053	No matching First Report of Injury (148)
		054	Must be valid occurrence for segment
		055	Must be <= Employee Date of Hire
		057	Duplicate Batch/Transaction
		058	Code/ID invalid
		059	Non-matrix data value not consistent with value previously reported
		060	Previous paper documentation not received
		061	Event Table criteria not met
		062	Required segment not present
		063	Invalid event sequence
		064	Invalid data relationship
		065	Corresponding report/data not found
		066	Invalid record/transaction count
		067	Must be >= Policy Effective Date
		068	Must be <= Policy Expiration Date
		100	No leading/embedded spaces
		101	MTC not approved for production
		102	Must be <= Initial Date Disability Began
		103	Same code received in multiple variable segments
		104	Must be >= Current Date Disability Began
		105	Must be <= Current Date Disability Began
		106	Invalid batch structure
		107	Variable segment counter > maximum value allowed
		108	Expected field not present
		109	Must be >= Employee Date of Hire
		110	Date Must be >= Jurisdiction Implementation Date
		111	Must be valid content
		112	Must be >= Initial Date Last Day Worked
		113	Must be >= Initial Return to Work Date
		114	Must be >= Current Date Last Day Worked
		117	Matrix data value not consistent with value previously reported
		118	Trading Partner not approved to submit data for Insu

# Missouri Division of Workers' Compensation

## Claims Release 3

### Match Data Table

The Match Data Table is designed to convey which data elements should be used as primary or secondary "match" data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements (usually on a change or correction transaction), secondary "match" data elements are used to match a claim. Refer to the Match Data Rules in the Missouri Implementation guide.

Match Data Elements can only be changed on a MTC 02 Change transaction. Only two Match Data Elements can be changed on the same MTC 02 Change transaction. If more than two Match Data Elements are changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment.

**Note:** Data Elements within the 'Transaction Grouping' cannot be changed on a MTC 02 Change transaction; they will only be used to recognize duplicate transactions (i.e., 00, IP, etc.).

GROUPING	DN	DATA ELEMENT NAME	New Claims	Existing Claims
Claim	0004	Jurisdiction Code		
	0005	Jurisdiction Claim Number		P
	0015	Claim Administrator Claim Number	P	P
Claimant		▪ Employee ID	P	S
		▪ Employee SSN – Preferred (DN0042)		
		▪ Employee Green Card (DN0153)		
		▪ Employee Employment Visa (DN0152)		
		▪ Employee ID Assigned by Jurisdiction (DN0154)	P	S
		▪ Employee Passport Number (DN0156)		
	0031	Date of Injury	P	S
	0043	Employee Last Name	S	S
Claim Administrator	0044	Employee First Name	S	S
	0052	Employee Date of Birth		
	0187	Claim Administrator FEIN	S	S
	0014	Claim Administrator Postal Code		
Employer	0026	Insured Report Number		
	0016	Employer FEIN	P	S
	0023	Employer Physical Postal Code		
	0028	Policy Number Identifier		
Insurer	0006	Insurer FEIN		
Transaction	0295	Maintenance Type Correction Code (DN0002-From Original Transaction)**		
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)**		
	0002	Maintenance Type Code	P	P
	0003	Maintenance Type Code Date		

When a match is found on the primary or secondary "match" data elements per the table above, the following data elements can be used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury. When these fields are evaluated and a match is found then a duplicate error message will be returned on Element Number 0002 Maintenance Type Code with Element Error Number 057-Duplicate Transmission/Transaction. If the duplicate is not identified the claim will be processed.

**Limitations:** The limitation of changing two match data elements does not apply to these 'Additional' match data elements.

Injury	0035	Nature of Injury	A	
	0036	Part of Body	A	
	0037	Cause of Injury	A	

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0002	Maintenance Type Code	042	Not Statutorily Valid	Valid Values FROI: 00, 01, 02, 04, AQ, AU Valid Values SROI: 02, 04, AP, CD, EP, FN, ER, IP, PY, RB, S1, S2, S4, S5, S6, S7, S8, QT	MTC not accepted by Missouri
0003	Maintenance Type Code Date	064	Invalid Data Relationship	MTC Dates must be no more than 7 days prior to Date Transmission Sent, unless within 30 after the R3 Implementation Date.	MTC Date cant b more than 7 dys prior to Date Sent
0005	Jurisdiction Claim Number	111	Must Be Valid Content	Valid MO format = YYNNNNNN, YY=Last two digits of injury year, no embedded spaces, no leading spaces	Jurisdiction claim number is not a valid MO format
0006	Insurer FEIN	111	Must Be Valid Content	1. Insurer FEIN cannot equal Claim Administrator FEIN 2. Insurer FEIN cannot equal Employer FEIN unless Insurer Type Code DN0185 = S	1. Insurer and CA FEIN cannot be the same 2. Employer not listed as Self-Insured
0007	Insurer Name	111	Must be valid content	Insurer Name must be a valid entity name	Insurer Name is not a valid entity name
0014	Claim Administrator Postal Code	058	Code/ID Invalid	If state code = MO, must be range 63000 - 65899 If valid state code other than MO, must be range 00601 - 99950	Invalid postal code per state code provided
0015	Claim Administrator Claim Number	064	Invalid Data Relationship	Claim Administrator Claim Number on 148 must match companion R21 and Claim Administrator Claim Number on A49 must match companion R22	CA Claim # must match on base & comp recs
0017	Insured Name	001	Mandatory Field Not Present	FROI MTC 04 - Mandatory if DN0198 Full Denial Reason Code is not equal to 3D or 3E	Full Denial Reason Code <> 3D/3E
0023	Employer Physical Postal Code	058	Code/ID Invalid	If state code = MO, must be range 63000 - 65899 If valid state code other than MO, must be range 00601 - 99950	Invalid postal code per state code provided
0028	Policy Number Identifier	001	Mandatory Field Not Present	1. MTC 00, AU - Mandatory if DN0185 Insurer Type Code = I 2. Mandatory on 04 if DN0185 Insurer Type Code = I and DN0198 Full Denial Reason Code is not equal to 3D or 3E	Must be provided when Insurer Type Code = I

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0029	Policy Effective Date	001	Mandatory Field Not Present	Mandatory if DN0028 Policy Number Identifier is populated.	Must be provided when Policy Number entered
0029	Policy Effective Date	044	Value is > required by jurisdiction	Policy Effective Date must be less than or equal to DN0031 Date of Injury	Must be <= DOI
0030	Policy Expiration Date	001	Mandatory Field Not Present	Mandatory if DN0028 Policy Number Identifier is populated	Must be provided when Policy Number entered
0033	Accident Site Postal Code	058	Code/ID Invalid	If state code = MO, must be range 63000 - 65899 If valid state code other than MO, must be range 00601 - 99950	Invalid postal code per state code provided
0035	Nature of Injury Code	058	Code/ID Invalid	Nature of Injury, Part of Body Injured and Cause of Injury Codes must be a valid combination.	Invalid accident code combination
0036	Part of Body Injured Code	058	Code/ID Invalid	Nature of Injury, Part of Body Injured and Cause of Injury Codes must be a valid combination	Invalid accident code combination
0037	Cause of Injury Code	058	Code/ID Invalid	Nature of Injury, Part of Body Injured and Cause of Injury Codes must be a valid combination.	Invalid accident code combination
0042	Employee SSN	001	Mandatory Field Not Present	Mandatory if DN0270 Employee ID Type Qualifier = S	SSN must be entered when Employee ID = S
0042	Employee SSN	064	Invalid Data Relationship	If MTC = 02 and Employee ID Type Qualifier = S, Employee Social Security Number (SSN) can not be sent/changed because the SSN has been verified as correct by the Social Security Administration (SSA)	SSN has been verified and cant be changed
0042	Employee SSN	111	Must be valid content	1. Digits cannot be sequential numbers 2. First digit cannot be equal to 8,9 or first three digits cannot equal '000' or first three digits cannot be > '772'	Must be valid SSN number format
0050	Employee Mailing Postal Code	058	Code/ID Invalid	If state code = MO, must be range 63000 - 65899 If valid state code other than MO, must be range 00601 - 99950	Invalid postal code per state code provided

**Missouri Division of Workers' Compensation**  
**Claims Release 3**  
**Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0052	Employee Date of Birth	029	Must be valid date (CCYYMMDD)	1. Must be valid date (CCYYMMDD) 2. Employee's age must be greater than 14 and less than 90	1. Must be valid date (CCYYMMDD) 2. Employee age not within range 14 - 90
0052	Employee Date of Birth	064	Invalid data relationship	If Employee Date of Birth is different than what is on file and it has been verified as correct by the Social Security Administration (SSA), DOB can not be changed	Date of Birth has been verified and cant be changed
0055	Employee Number of Dependents	001	Mandatory Field Not Present	Mandatory when DN0057 Employee Date of Death is populated	No of Dependents mandatory when death indicated
0055	Employee Number of Dependents	111	Must be valid content	If required number of dependents must be greater than zero when DN0054 Employee Marital Status Code is equal to M (Married) or S (Separated).	EE Married/Separated, No of Deps must be > zero
0056	Initial Date Disability Began	001	Mandatory Field Not Present	Mandatory for MTCs IP, AP, CD, EP. Mandatory Conditional for MTCs PY and FN when DN0074 Claim Type Code equals I (Lost Time Indemnity) or L (Became Lost Time Indemnity)	Mandatory for MTC for Lost Time
0056	Initial Date Disability Began	042	Not Statutorily Valid	Initial Date Disability Began must be greater than DN0031 Date of Injury.	Must be > DOI
0056	Initial Date Disability Began	111	Must be valid content	When DN0074 Claim Type Code equals I (Lost Time Indemnity) or L (Became Lost Time Indemnity) must be greater than DN0065 Initial Date Last Day Worked	Must be > Initial Date Last Day Worked
0057	Employee Date of Death	001	Mandatory Field Not Present	1. Mandatory for MTC CD 2. Mandatory for all SROI MTCs when DN0146 Death Result of Injury Code equals I	1. Mandatory for MTC CD 2. Mandatory when death is result of injury
0057	Employee Date of Death	064	Invalid data relationship	Date of Death must be greater than or equal to DN0089 Benefit Period Through Date for non-fatal indeminty benefits	Dte of DT prior to end date for non-fatal benefits

**Missouri Division of Workers' Compensation**  
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**Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0061	Employee Date of Hire	044	Value is > required by jurisdiction	Employee Date of Hire must be less than or equal DN0003 Maintenance Type Code Date	Employee DOH >= MTC Date
0065	Initial Date Last Day Worked	001	Mandatory Field Not Present	Mandatory for MTC EP and IP	Mandatory for MTC EP & IP
0068	Initial Return to Work Date	064	Invalid Data Relationship	Initial Return to Work Date must be less than or equal to DN0003 Maintenance Type Code Date if DN0189 Return to Work Type Code equals 'A' Actual	Must be <= MTC Date when RTW Type Code = A
0070	Date of Maximum Medical Improvement	001	Mandatory Field Not Present	Mandatory for MTCs PY, QT and FN when Benefit Type Code equals 020, 030, 040, 520, 530 and 540	Mandatory for MTC and Benefit Type Code
0072	Current Return to Work Date	001	Mandatory Field Not Present	Mandatory for MTC S1 when DN0212 Non-consecutive Period Code equals 'B' Benefit Period	Mandatory for MTC and Non-consec Per. Code
0078	Number of Permanent Impairments	062	Required Segment Not Present	Mandatory for MTCs FN, ER, PY, RB, QT when Benefit Type Code equals 020, 030, 040, 520, 530, 540 and 590 and DN0070 Date of Maximum Medical Improvement is greater than blanks	BTC/MMI indicates permanence
0078	Number of Permanent Impairments	107	Variable segment counter > maximum value allowed	Maximum number of permanent impairments cannot exceed 6 per transaction.	# of Perm. Impairments > 6
0082	Number of Death Dependent Payee Relationships	062	Required Segment Not Present	1. Mandatory for MTCs AP, EP, FN, ER, IP, PY, RB, QT when DN0085 Benefit Type Code equals 010 or 510  or 2. Mandatory for MTCs AP, EP, FN, ER, IP, PY, RB, QT when DN0146 Death Result of Injury equals 'Y' and DN0055 Employee Number of Dependents is greater than 0	1. BTC indicates death 2. Death Indicated and Dependents > 0
0082	Number of Death Dependent Payee Relationships	107	Variable segment counter > maximum value allowed	Maximum number of death dependent payee relationships cannot exceed 12 per transaction	# of Death Dep/Payee > 12

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**Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0083	Permanent Impairment Body Part Code	001	Mandatory Field Not Present	Mandatory for MTCs FN, ER, PY, RB, QT when Benefit Type Code equals 020, 030, 040, 520, 530, 540 and 590 and DN0070 Date of Maximum Medical Improvement is greater than blanks.	BTC/MMI indicates permanence
0084	Permanent Impairment Percentage	001	Mandatory Field Not Present	Mandatory for MTCs FN, ER, PY, RB, QT when Benefit Type Code equals 020, 030, 040, 520, 530, 540, 550 and 590 and DN0070 Date of Maximum Medical Improvement is greater than blanks	BTC/MMI indicates permanence
0085	Benefit Type Code	042	Not Statutorily Valid	BTCs must be 010, 020, 030, 050, 070, 090, 250, 501, 510, 520, 530, 540, 550 and 590	Invalid BTC for Missouri
0085	Benefit Type Code	064	Invalid data relationship	1. If MTC equals EP DN0085 Benefit Type Code must equal 2XX 2. If MTC equals AP or IP DN0085 Benefit Type Code must not equal 2XX 3. No Benefit Type Code should be sent if MTC = CD 4. Mandatory for PY when DN0216 Other Benefit Type Code is not populated	1. Invalid BTC sent for EP MTC 2. Invalid BTC sent for IP/AP MTC 3. BTC not valid for CD MTC 4. Mandatory for PY when DN0216 missing.
0088	Benefit Period Start Date	064	Invalid data relationship	Benefit Period Start Date for current BTC reported must not equal Benefit Period Start Date of any previous BTC, unless MTC = PY	Start Date must not = Start Date of other BTC
0090	Benefit Type Claim Weeks	001	Mandatory Field Not Present	Mandatory when BTC is equal to 010, 020, 030, 050, 070, 090, 250	Benefit Claim Weeks must be > 0 for BTC
0091	Benefit Type Claim Days	001	Mandatory Field Not Present	Mandatory when BTC is equal to 010, 020, 030, 050, 070, 090, 250	Benefit Claim Days must be > 0 for BTC
0092	Benefit Adjustment Code	042	Not Statutorily Valid	Benefit Adjustment Code must be I or V	Benefit Adj Code must be I or V
0092	Benefit Adjustment Code	064	Invalid Data Relationship	Benefit Adjustment Code must contain a Benefit Type Code that is being reported	Ben Adj Code must contain Ben Code being reported



**Missouri Division of Workers' Compensation  
Claims Release 3  
Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0097	Dependent/Payee Relationship Code	001	Mandatory Field Not Present	1. Mandatory for MTCs FN, PY, QT when DN0085 Benefit Type Code equals 010 or 510  or  2. Mandatory for MTCs FN, PY, QT when DN0146 Death Result of Injury equals 'Y' and DN0055 Employee Number of Dependents is greater than 0	1. BTC indicates death  2. Death Indicated and Dependents > 0
0130	Benefit Redistribution Code	064	Invalid data relationship	Benefit Redistribution Code must contain a Benefit Type Code that is being reported	Ben Rdst Code must contain Ben Code being reported
0133	Benefit Redistribution Weekly Amount	111	Must be valid content.	Benefit Redistribution Weekly Amount must be greater than zero when DN0130 Benefit Redistribution Code populated.	Benefit Redistribution Wkly Amt must be >0
0134	Calculated Weekly Compensation Amount	111	Must be valid content.	Calculated Weekly Compensation Amount is mandatory for IP, AP and RB and cannot equal 0	Calc. Wkly Comp Amt cannot = 0
0144	Current Date Disability Began	001	Mandatory Field Not Present	Mandatory for MTCs ER or RB	Must be populated for MTC ER or RB
0145	Current Date Last Day Worked	001	Mandatory Field Not Present	Mandatory for MTCs ER or RB	Must be populated for MTC ER or RB
0146	Death Result of Injury Code	001	Mandatory Field Not Present	Mandatory when DN0057 Employee Date of Death is populated.	Death Result of Injury Code mandatory
0146	Death Result of Injury Code	064	Invalid data relationship	1. If Death Result of Injury Code = "Y", BTC must equal 010, 210, 510, or OBT = 300 unless MTC = CD or FROI 04 or SROI 04  2. If Death Result of Injury Code = "N", none of the following must be present: BTC = 010, 210, 510, or OBT = 300	1. If Dth Res Inj=Y send 010,210,510 or OBT 300  2. If Dth Res Inj=N cant send 010,210,510 or OBT 300
0154	Employee ID Assigned by Jurisdiction	001	Mandatory Field Not Present	Mandatory when DN0270 Employee ID Type Qualifier equals 'A'	Employee ID Type equals A

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DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0184	Insured Type Code	001	Mandatory Field Not Present	1. Mandatory for MTCs 00 and AU  2. Mandatory for MTC 04 when DN0198 Full Denial Reason Code does not equal 3D or 3E	1. Mandatory for MTC 00 and AU  2. MTC 04 Full Denial Reason 3D or 3E
0185	Insurer Type Code	064	Invalid data relationship	1. If Insurer Type Code = S, the Insurer FEIN must match a Self Insured entity on the Division's Database  2. If Insurer Type Code = I, the Insurer FEIN must match an Insurer on the Division's Database  3. If the Insurer Type Code = G, the Insurer FEIN must match a Guarantee Fund on the Division's Database	Insurer Type Code does not match Insurer Type of file
0189	Return to Work Type Code	001	Mandatory Field Not Present	Mandatory for MTCs EP, AP, IP, FN, PY, S1, QT when DN0068 Initial Return To Work Date > Blanks or MTC S1 when DN0072 Current Return To Work Date > Blanks	Return to Work Type Code mandatory
0192	Benefit Payment Issue Date	001	Mandatory Field Not Present	Mandatory for all MTCs if DN0288 Number of Benefits is Greater than Zero and is not a "Sweep" benefits segment	Mandatory when No of Benefits > 0
0193	Suspension Effective Date	064	Invalid data relationship	1. If MTC = 02, Suspension Effective Date must not be less than or equal to a prior Suspension Effective Date if a more current Suspension is on file  2. Suspension Effective Date must not be earlier than Suspension Effective Date on file except for MTC 02	1. Sus Eff Date must not be <= prior Sus Eff Date  2. Sus Eff Date must not be < prior Sus Eff Date
0196	Denial Rescission Date	001	Mandatory Field Not Present	Mandatory when prior MTC 04 on File.	Prior MTC 04 on File

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**Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0196	Denial Rescission Date	064	Invalid Data Relationship	1. Denial Rescission Date must be > = Full Denial Effective Date. Full Denial Effective Date must be on file 2. Denial Rescission Date can not be reported if no previous Denial on file	1. Den Resc Dte must be >= Den Eff Dte 2. Den Resc Date cant be reprd if no prev Den on file
0197	Full Denial Reason Narrative	001	Mandatory Field Not Present	Full Denial Reason Narrative is Mandatory for MTC 04	Mandatory for MTC 04
0198	Full Denial Reason Code	001	Mandatory Field Not Present	Full Denial Reason Code is Mandatory for MTC 04	Mandatory for MTC 04
0199	Full Denial Effective Date	001	Mandatory Field Not Present	Full Denial Effective Date is Mandatory for MTC 04	Mandatory for MTC 04
0199	Full Denial Effective Date	044	Value is > required by jurisdiction	Full Denial Effective Date on MTC 04 must not be > date the Division received the transmission	Den Eff Date on 04 cant be > date Div recvd trans
0202	Reduced Benefit Amount Code	059	Non-match data value not consistent with value previously reported	Reduced Benefit Amount Code can't be initially reported on 02 Change as 'S' or 'N'	Red Ben Amt Code invalid for MTC 02
0202	Reduced Benefit Amount Code	064	Invalid Data Relationship	1. For IP, Reduced Benefit Amount Code must = 'R' when DN0085 Benefit Type Code = 2XX previously sent on EP and not present. 2. For PY, Reduced Benefit Amount Code must = 'R' when DN0085 Benefit Type Code = 2XX previously sent on EP and not present unless DN0216 Other Benefit Type Code = '430'. 3. For PY, Reduced Benefit Amount Code must = "S" or "N" if no Benefit or Other Benefit segments present and DN0226 Recovery Code = Blanks.	1-3 Reduced Ben Amt Code invalid
0215	Other Benefit Type Amount	001	Mandatory Field Not Present	Mandatory when DN0216 Other Benefit Type Code is present	Mandatory when DN0216 OBTC Present

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DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0215	Other Benefit Type Amount	059	Non-match data value not consistent with value previously reported	Other Benefit Type Amount for an Other Benefit Type Code must not be less than the amount previously reported; unless the total of all Other Benefit Type Amounts (for all Other Benefit Type Codes) is equal to or greater than previously reported	OBT Amt for OBT Code cant be < amt prev reptd
0216	Other Benefit Type Code	001	Mandatory Field Not Present	Mandatory for PY when DN0085 Benefit Type Code is not populated.	Mandatory for PY when DN0085 missing
0216	Other Benefit Type Code	042	Not Statutorily Valid	Other Benefit Type Codes must be: 300, 320, 321, 350, 360, 370, 380, 390, 400, 430, 440, 450, 455, 460, 465, 470 or 475	Other BTC not valid for MO
0216	Other Benefit Type Code	064	Invalid data relationship	Other Benefit Type Code must not equal 430 unless MTC AQ, AU, or AP is on file or is being filed	OBT Code cant = 430 unless AQ, AU, AP on file
0222	Payment Reason Code	042	Not Statutorily Valid	Payment Reason Code must be: 010, 020, 030, 050, 070, 090, 250, 300, 320, 321, 350, 360, 370, 380, 390, 400, 430, 440, 450, 455, 460, 465, 470, 475, 501, 510, 520, 530, 540, or 590	PRC not valid for MO
0222	Payment Reason Code	064	Invalid data relationship	1. If required by MTC, Payment Reason Code must = a Benefit Type Code on the transaction  2. If MTC = PY and Lump Sum Payment/Settlement Code = SF or SP Payment Reason Code must = 5xx, for the most recent Payment Issue Date	1. Payment Reason Code must = Ben Type Code  2. Payment Reason Code must = 5xx
0224	Physical Restrictions Indicator	001	Mandatory Field Not Present	Mandatory for MTCs EP, AP, IP, FN, PY, S1, QT when DN0068 Initial Return To Work Date > Blanks or MTC S1 when DN0072 Current Return To Work Date > Blanks	Physical Restrictions Indicator mandatory
0225	Recovery Amount	001	Mandatory Field Not Present	Mandatory when DN0226 Recovery Code > Blanks	Recovery Amount mandatory
0225	Recovery Amount	045	Value is < required by jurisdiction	If required, DN0225 Recovery Amount must be greater than 0	Recovery Amount must be >0

**Missouri Division of Workers' Compensation  
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Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0226	Recovery Code	001	Mandatory Field Not Present	Mandatory if previously reported Benefit segment missing and DN0202 Reduced Benefit Amount Code = Blanks or DN0086 Benefit Type Amount Paid on current Benefit segment is less than previously reported on corresponding Benefit segment and DN0202 Reduced Benefit Amount Code = Blanks	Recovery Code mandatory
0286	Average Wage	045	Value is < required by jurisdiction	Average wage must be greater than \$1.00	Avg. Wg must be > \$1
0286	Average Wage	059	Non-match data value not consistent with value previously reported	Average Wage must match value previously reported unless it is being changed via an MTC 02	Avg Wage must be changed via MTC 02
0292	Insolvent Insurer FEIN	001	Mandatory Field Not Present	Mandatory if DN0185 Insurer Type Code = 'G' Guaranty Fund	Insurer Type Code = G
0292	Insolvent Insurer FEIN	039	No match on database	Insolvent Insurer FEIN must match a FEIN on Division database	Insolvent Insurer FEIN must = FEIN on file @ Div
0293	Lump Sum Payment Code	042	Not Statutorily Valid	Lump Sum Payment Code must be: AD, AW, SF or SP	Lump Sum Pymt Code not valid for MO
0293	Lump Sum Payment Code	064	Invalid Data Relationship	Lump Sum Payment Code must match Division database	Lump Sum Pymt Code must match DWC Data
0297	Initial Date Lost Time	001	Mandatory Field Not Present	Mandatory for all MTCs when DN0074 Claim Type Code is equal to 'I' Lost Time/Indemnity or 'L' Became Lost Time/Indemnity	Claim Type Code = I or L
0297	Initial Date Lost Time	042	Not Statutorily Valid	Initial Date of Lost Time must be greater than DN0031 Date of Injury +3	Initial Date Lost Time not Statutorily Valid
0314	Insured FEIN	001	Mandatory Field Not Present	Mandatory for 00 and AU when DN 0184 Insured Type Code = 'I' Insured and Insured FEIN does not equal DN0016 Employer FEIN	Mandatory when <> Employer FEIN
0314	Insured FEIN	039	No match on database	Insured FEIN must match a FEIN on Division database	Insured FEIN must = FEIN on file @ Div

**Missouri Division of Workers' Compensation  
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Transaction Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
<b>Business Event Group 1. Establish Claim or New Claim Administrator</b>				
	<b>1a. Determination not made</b>			
	<b>1b. Report of Injury</b>			
N	00	Original		
	<b>1c. Denial</b>			
N	04 - FROI	Full Denial FROI		
	<b>1d. Acquired Claim</b>			
Y	AQ	Acquired Claim	063	No prior 00 or AU (FROI) from prior Clm Admin accepted
N	AU	Acquired/Unallocated		
<b>Business Events 2b and 2c can occur once during the life of the claim. 3 can occur multiple times until benefits are suspended (Event 4). Event 2b or 2c may or may not occur after 2a. Event 2c may or may not occur after 2b. However, once Event 2b or 2c occurs, Event 4 must occur before 5a or 5b can occur.</b>				
<b>Business Event Group 2. Initial Payment of Indemnity or equivalent</b>				
	<b>2a. Non-Payment of Indemnity</b>			
Y	04 - SROI	Full Denial SROI	063	00, AQ or AU (FROI) not previously accepted
Y	CD	Compensable Death - No Dependents/Payees	063	00, 04, AQ or AU (FROI) not previously accepted
	<b>2b. Salary in Lieu of Compensation</b>			
Y	EP	Employer Paid	063	00, 04, AQ or AU (FROI) not previously accepted
	<b>2c. Initial Payment of Weekly Benefits</b>			
Y	IP	Initial Payment	063	00, 04, AQ or AU (FROI) not previously accepted
	<b>2d. Initial Payment by New Claim Administrator</b>			
Y	AP	Acquired/Payment	063	AQ or AU (FROI) not previously accepted
<b>Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d</b>				
NA	<b>3a. Concurrent benefits only</b>			
NA	<b>3b. Reinstate suspended concurrent Benefits</b>			

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Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
<b>Business Event Group 4. Suspension of all indemnity benefits</b>				
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	EP, IP or AP (SROI) not previously accepted
Y	S2	Suspension, Medical Non-Compliance	063	EP, IP or AP (SROI) not previously accepted
NA	S3	Suspension, Administrative Non-Compliance	063	EP, IP or AP (SROI) not previously accepted
Y	S4	Suspension, Claimant Death	063	EP, IP or AP (SROI) not previously accepted
Y	S5	Suspension, Incarceration	063	EP, IP or AP (SROI) not previously accepted
Y	S6	Suspension, Claimant's Whereabouts Unknown	063	EP, IP or AP (SROI) not previously accepted
Y	S7	Suspension, Benefits Exhausted	063	EP, IP or AP (SROI) not previously accepted
Y	S8	Suspension, Jurisdiction Change	063	EP, IP or AP (SROI) not previously accepted
NA	PD	Partial Denial - (applicable only when the partial denial report is suspending benefits)	063	EP, IP or AP (SROI) not previously accepted
Y	04 - SROI	Full Denial - SROI (applicable only when the denial report is suspending benefits)	063	EP, IP or AP (SROI) not previously accepted
<b>Events 5, 6 and 7 can occur multiple times during the life of the claim.</b> <b>However, once Event 5 occurs, Event 7 must occur before 5 can occur again. (Event 6 may not always occur)</b> <b>Note: Jurisdiction must be able to recognize previously reported starting and stopping of benefits</b>				
<b>Business Event Group 5. Resumption of Benefits</b>				
Y	Any Event Group 5 MTC		063	00, 04, AU or AQ (FROI) not previously accepted
	<b>5a. Reinstated Salary in Lieu of Comp</b>			
Y	ER	Employer Reinstatement	063	EP and SX (SROI) not previously accepted
	<b>5b. Reinstated Weekly Benefits</b>			
Y	RB	Reinstatement of Benefits	063	IP or AP and SX (SROI) not previously accepted
<b>Business Event Group 6. Changes to Resumed benefits (if applicable)</b>				
NA	<b>Concurrent benefits only</b>			

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Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
<b>Business Event Group 7. Suspension of Resumed Benefits</b>				
Y	ANY Event Group 7 MTC		063	00, 04, AU or AQ (FROI) not previously accepted
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	ER or RB (SROI) not previously accepted
Y	S2	Suspension, Medical Non-Compliance	063	ER or RB (SROI) not previously accepted
Y	S3	Suspension, Administrative Non-Compliance	063	ER or RB (SROI) not previously accepted
Y	S4	Suspension, Claimant Death	063	ER or RB (SROI) not previously accepted
Y	S5	Suspension, Incarceration	063	ER or RB (SROI) not previously accepted
Y	S6	Suspension, Claimant's Whereabouts Unknown	063	ER or RB (SROI) not previously accepted
Y	S7	Suspension, Benefits Exhausted	063	ER or RB (SROI) not previously accepted
Y	S8	Suspension, Jurisdiction Change	063	ER or RB (SROI) not previously accepted
Y	PD	Partial Denial - (applicable only when the partial denial report is suspending benefits)	063	EP, IP or AP (SROI) not previously accepted
Y	04 - SROI	Full Denial - SROI (applicable only when the denial report in suspending benefits)	063	ER or RB (SROI) not previously accepted
<b>Business Event Group 8. Claim Closure</b>				
Y	FN	Final	063	00, 04, AQ or AU (FROI) not previously accepted
<b>Conditional reporting (can occur anytime after Event 1 - Claim established)</b>				
<b>Business Event Group 9. One Time Payment Reporting</b>				
Y	PY	Payment Report ( <b>lump sum payments</b> )	063	00, 04, AQ or AU (FROI) not previously accepted
<b>Business Event Group 10. Periodic reporting</b>				
Y	QT	Quarterly (Periodic Report)	063	00, 04, AQ or AU (FROI) not previously accepted
Y	QT	Quarterly (Periodic Report)	063	SROI MTC not previously accepted
<b>Business Event Group 11. Corrections/Changes</b>				
	Changes			
Y	02 - FROI	Change	063	00, 04, AQ or AU (FROI) not previously accepted
Y	02 - SROI	Change	063	SROI MTC not previously accepted
<b>Business Event Group 12. Miscellaneous</b>				
Y	01	Cancel	063	00, 04, AQ or AU (FROI) not previously accepted



The flowchart illustrates the SSA's process for handling a claim for SSDI benefits, starting from the initial claim and branching into various paths based on the outcome of the initial review and subsequent actions.

**Initial Claim and Review:**

- Establish Claim:** The process begins with the claimant establishing a claim.
- FROI 00 Original:** The initial review of the claim.
- FROI 04 Denial:** If the claim is denied, the claimant can appeal.
- FROI AQ/AU Acquire:** If the claimant acquires a new disability, the claim can be reopened.

**Appeals and Reconsideration:**

- Rescind:** A claimant can rescind a claim at any time.
- Payment of Indemnity or Equivalent:** If a claimant is found to be eligible for benefits, they may receive payment.
- SROI CD Compensable Death:** If a claimant dies, their family may be eligible for benefits.
- SROI 04 Denial SROI PD Partial Denial:** If a claim is partially denied, the claimant can appeal.

**Periodic Review and Reinstatement:**

- Periodic:** Claims are reviewed periodically to ensure continued eligibility.
- SROI QT Quarterly Report:** Claimants must submit a quarterly report to the SSA.
- Suspend Benefits:** If a claimant is found to be no longer disabled, benefits are suspended.
- SROI Sx Suspension:** If a claimant's condition improves, benefits are suspended.
- Reinstate Benefits:** If a claimant's condition worsens, benefits can be reinstated.
- SROI RB, ER Reinstate Benefits Or Employer Reinstate:** If a claimant's condition worsens, benefits can be reinstated.

**Final Outcomes:**

- Close Claim:** The claim is closed if the claimant is no longer eligible for benefits.
- SROI FN Final:** The final outcome of the claim.

**Any time After FROI:**

- FROI 01 Cancel:** A claim can be canceled at any time.
- FROI 02 Change:** A claim can be changed at any time.
- SROI PY Lump Sum/ Other Benefits:** A claimant can receive a lump sum or other benefits at any time.

**Any time After SROI:**

- SROI 02 Change:** A claim can be changed at any time.
- SROI PY Lump Sum/ Other Benefits:** A claimant can receive a lump sum or other benefits at any time.

## 2.4.9 Common Errors

1. Insurer/Claim Administrator FEIN and Zip sent on FROI transactions must match the Insurer/Claim Administrator sent on SROIs and must match all Trading Partner paperwork.
2. If Claim Administrator FEIN/ZIP changes, the Trading Partner must submit revised paperwork **before submitting any further EDI transactions.**
3. "Initial" date values (Initial Return to Work Date, Initial Date Disability Began, Initial Date Last Day Worked) should not ever change unless they were incorrectly reported and are being changed with MTC 02.
4. If you initially reported the Initial Return to Work Date with a "Released to Return to Work Type Code", and you subsequently learn the actual return to work date, you can report a revised Initial Return to Work Date with the "Actual Return to Work Type Code" via MTC 02. **Do not report this as Current Return to Work Date.**
5. "Current" date values (Current Return to Work Date, Current Date Disability Began, Current Date Last Day Worked) must represent a second period of disability. **Do not populate "Current" date values with "Initial" date values.**
6. "Current" date values should be updated each time a new date is applicable.
7. Numeric fields that are not populated on a transaction should be sent as **spaces** and not zeros because zero is a valid value for some fields.  
(Please consult the Code Value Table in the Edit Matrix for further information.)
8. When a variable length record is sent, the entire segment should be sent. If the data in the segment does not fill the entire segment, the segment should be padded with spaces.  
(Ex. Benefits segment = 103 characters, Accident Description Narrative = 50 characters)
9. Any and all Benefits segments previously reported must be reported on every subsequent transaction sent on that claim unless explained via certain codes such as Reduced Benefit Amount Code and Recovery Code.
10. Any MTCs previously reported at the Benefit level, should not be reported if not applicable to the current MTC being reported. For example, do not leave MTC IP in the 050 Benefits segment if you are now sending MTC PY to report a full settlement (which will include a 500 Benefits segment.)
11. Benefit Types and Other Benefit Types previously reported must be reported on each subsequent transaction, unless explained via certain codes such as Reduced Benefit

Amount Code and Recovery Code. Benefit Type and Other Benefit Type Amounts reported must not be less than previously reported on prior transaction without justification such as reclassification.

12. Only send Reduced Benefit Amount Code "R" when benefits have actually been reclassified. Once reported this code must be sent on all subsequent transactions.

13. If SROI MTC 02 is being sent and changes are being made to the Benefits segment, MTC 02 must be included in the Benefit segment.

### 3. Business Scenarios

Scenarios are intended to illustrate the most common reporting requirements for the applicable Event and MTCs (Maintenance Type Codes) shown in the sample.

Scenario	Description	Comments	Previously Reported	Report MTC
<b>BS001</b>	Original First Report of Injury – Base Scenario 00	<p>Injury is reported to employer.</p> <p>FROI 00 is due within 30 days from the date the employer had knowledge of the injury.</p> <p><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp5-1-1.1 through 5-1-1.5) for additional detail.</i></p>	None	<b>00</b> (Original)
<b>BS002</b>	Acquired Claim – Base Report AQ	<p>Claim is acquired by a new Claim Administrator. New Claim Administrator reports the acquisition of the claim.</p> <p>FROI 00 was filed within 30 days of the date the employer had knowledge of the injury.</p> <p>FROI AQ due immediately after date of acquisition.</p> <p><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp5-2-1.1 through 5-2-1.5) for additional detail.</i></p>	<b>00</b> – Original filed by previous Claim Administrator	<b>AQ</b> (Acquired Claim)
<b>BS003</b>	Acquired/Unallocated AU	<p>Claim is acquired by a new Claim Administrator. New Claim Administrator reports the acquisition of the claim with FROI AQ. DWC does not have previous record for the claim and issues a TR (Transaction Rejected) acknowledgment to new Claim Administrator.</p> <p>FROI AU due 30 days from the receipt of the TR transaction.</p> <p><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp5-2-2.1 through 5-2-2.5) for additional detail.</i></p>	<b>AQ</b> (Acquired Claim) – rejected	<b>AU</b> (Acquired/Unallocated)
<b>BS004</b>	Initial Payment – Base Scenario IP	<p>Injury is reported to employer and employee is losing time.</p> <p>FROI 00 was filed within 30 days of the date the employer had knowledge of the injury.</p> <p>SROI IP is due immediately upon payment of first indemnity benefit.</p> <p><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-4-1.1 through 5-4-1.4) for additional detail.</i></p>	None	<b>00</b> (Original) and <b>IP</b> (Initial Payment)

Scenario	Description	Comments	Previously Reported	Report MTC
<b>BS005</b>	Payment Report – Lump Sum Medical Injury occurs, No lost time, Medical treatment reaches/exceeds \$8,000.00	<p>Injury is reported to employer and employee may or may not be losing time. Medical treatment costs reach or exceed \$8,000.00. FROI 00 was filed within 30 days of the date the employer had knowledge of the injury. SROI IP, EP or AP has not been reported.</p> <p>PY is due immediately upon medical reaching \$8,000.00.</p> <p><b><i>Refer to IA/ABC Claims Rel. 3.0 Implementation Guide (pp 5-10-4.1 through 5-10-4.4) for additional detail for a similar scenario.</i></b></p>	<b>00</b> (Original)	<b>PY</b> (Payment Report)
<b>BS006</b>	Employer Paid Benefits	<p>Injury is reported to employer and becomes lost time. Employer agrees to continue to pay wages. FROI 00 was filed within 30 days of the date the employer had knowledge of the injury. SROI EP or IP due within 30 days of first payment for wage replacement.</p> <p><b><i>Refer to IA/ABC Claims Rel. 3.0 Implementation Guide (pp 5-5-2.1 through 5-5-2.4) for additional detail.</i></b></p>	<b>00</b> (Original)	<b>EP</b> (Employer Paid) Or <b>IP</b> (Initial Payment)
<b>BS007</b>	Acquired/Payment AP First Payment by New Claim Admin.	<p>Injury is reported to employer and first indemnity payment has been made. Claim is acquired by new claim administrator. New claim administrator issues their first indemnity payment after acquisition. FROI 00 was filed within 30 days of the date the employer had knowledge of the injury. SROI IP was reported after first indemnity payment. FROI AQ was filed immediately after date of acquisition. SROI AP due within 30 days of first payment by new claim administrator.</p> <p><b><i>Refer to IA/ABC Claims Rel. 3.0 Implementation Guide (pp 5-2-3.1 through 5-2-3.5) for additional detail.</i></b></p>	<b>00</b> (Original) <b>IP</b> (Initial Payment) <b>AQ</b> (Acquired Claim)	<b>AP</b> (Acquired/Payment)

Scenario	Description	Comments	Previously Reported	Report MTC
<b>BS008</b>	Fatality	<p>Employee is killed in a work related accident. FROI 00 is due within 30 days of the date the employer had knowledge of the injury.</p> <p><b>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-1-9.1 through 5-1-9.5) for additional detail.</b></p>	None	<b>00 (Original) CD (Compensable Death) and/or IP (Initial Payment)</b>
<b>BS009</b>	Denial as a First Report	<p>Claim is denied; FROI has not been filed.</p> <p><b>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-3-1.1 through 5-3-1.6) for additional detail.</b></p>	None	<b>FROI 04 (Denial)</b>
<b>BS010</b>	Denial after Initial Payment	<p>Lost time injury is reported. FROI 00 was filed within 30 days of the date the employer had knowledge of the injury. First indemnity payment has been made. Further investigation reveals that the injury is not compensable. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury. SROI IP or SROI EP was reported after first indemnity payment. SROI 04 Denial is due immediately upon discovery that injury is not compensable.</p> <p><b>NOTE:</b> SROI 04 Denial is required in any instance in which the claim is being denied and a FROI transaction has been reported.</p> <p><b>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-3-3.1 through 5-3-3.5) for additional detail.</b></p>	<b>00 (Original) IP (Initial Payment) or EP (Employer Paid)</b>	<b>SROI 04 (Denial)</b>
<b>BS011</b>	Partial Denial – Indemnity paid, medical denied in part or in whole.	<p>Lost time injury is reported. FROI 00 was filed within 30 days of the date the employer had knowledge of the injury. First indemnity payment has been made. Employee seeks follow up treatment but does not use the approved workers' compensation doctor. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury. SROI IP, EP or AP was reported after first indemnity payment. SROI PD is due immediately upon decision to deny medical benefits in part or in whole.</p>	<b>00 (Original) IP (Initial Payment) EP (Employer Paid) Or AP (Acquired Payment)</b>	<b>PD (Partial Denial)</b>

Scenario	Description	Comments	Previously Reported	Report MTC
<b>BS012</b>	Suspension – Returned to Work	<p>Lost time injury is reported. Employee returns to work after x days at pre-injury wages. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury. SROI IP or SROI EP was reported after first indemnity payment. SROI S1 due immediately when employee returns to work.</p> <p><b>NOTE:</b> SROI Sx is used to report the termination of all benefits where x = reason for termination. This scenario could be used for any termination reason.</p> <p><b>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-7-1.1 through 5-7-1.5) for additional detail.</b></p>	<b>00</b> (Original) <b>IP</b> (Initial Payment) <b>or</b> <b>EP</b> (Employer Paid)	<b>S1</b> (Suspension, RTW)
<b>BS013</b>	Reinstatement of Benefits – Previously Paid Benefit Type	<p>Injury is reported, becomes lost time, injured worker returns to work at pre-injury wages then misses work at a later date due to the same work-related injury. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury. SROI IP or SROI EP was reported when first indemnity payment was issued. SROI S1 was reported when employee returned to work and indemnity benefits ceased. SROI RB or SROI ER due immediately when indemnity payments resume.</p> <p><b>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-8-2.1 through 5-8-2.4) for additional detail.</b></p>	<b>00</b> (Original) <b>IP</b> (Initial Payment) <b>or</b> <b>EP</b> (Employer Paid) <b>S1</b> (Suspension, RTW)	<b>RB</b> (Reinstatement of Benefits) <b>or</b> <b>ER</b> (Employer Reinstatement )

Scenario	Description	Comments	Previously Reported	Report MTC
<b>BS014</b>	Settlement After Suspension of Benefits	<p>Injury is reported, becomes lost time, injured worker returns to work at pre-injury wages without restrictions. Worker continues to have problems with injury and loses time but is not paid benefits due to know medical evidence of disability. Worker hires attorney. Parties reach full settlement agreement.</p> <p>FROI 00 was reported within 30 days of the date the employer had knowledge of the injury.</p> <p>SROI IP or SROI EP was reported when first indemnity payment was issued.</p> <p>SROI S1 was reported when employee returned to work and indemnity benefits ceased.</p> <p>SROI PY due upon payment of agreed settlement amount.</p> <p><b><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-9-2.1 through 5-9-2.5) for additional detail.</i></b></p>	<p><b>00</b> (Original)</p> <p><b>IP</b> (Initial Payment)</p> <p><b>or</b></p> <p><b>EP</b> (Employer Paid)</p> <p><b>S1</b> (Suspension RTW)</p>	<b>PY</b> (Payment Report)
<b>BS015</b>	Periodic Quarterly Report	<p>Injury reported. All appropriate reports have been filed with DWC reporting benefits made and three months (quarter) has passed since the date of injury.</p> <p>SROI QT is due 15 days after completion of each quarter from the date of injury in which there has been any reportable activity on the case.</p> <p>SROI FN terminates the requirement for SROI QT.</p> <p><b><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-11-1.1 through 5-11-1.5) for additional detail for a similar scenario.</i></b></p>	<p><b>00</b> (Original) <b>and</b></p> <p>Any appropriate subsequent reports</p>	<b>QT</b> (Quarterly Report)
<b>BS016</b>	Final Report	<p>Injury reported. All appropriate reports have been filed with DWC reporting payments made and Claim Administrator is closing the case.</p> <p>SROI FN due immediately after closing case.</p> <p><b><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-12-6.1 through 5-12-6.5) for additional detail.</i></b></p>	<p><b>00</b> (Original) <b>and</b></p> <p>Any appropriate subsequent reports</p>	<b>FN</b> (Final)



Scenario	Description	Comments	Previously Reported	Report MTC
<b>BS017</b>	Cancellation – First Report Sent in Error	<p>Injury reported. Claim Administrator realizes injury reported to Missouri by mistake. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury and no SROI transactions have been reported. FROI 01 due immediately upon realization injury was reported to Missouri in error.</p> <p><b><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-12-3.1 through 5-12-3.5) for additional detail.</i></b></p>	<b>00</b> (Original)	<b>01</b> (Cancellation)
<b>BS018</b>	FROI Change	<p>Injury reported. At time reported, Claim Administrator did not know employee's SSN and therefore requested a Jurisdiction Assigned ID. Claim Administrator becomes aware of the employee's SSN and enters it into their system. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury. FROI 02 Change due immediately upon knowledge of employee's SSN.</p> <p><b><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-6-8.1 through 5-6-8.10) for additional detail.</i></b></p>	<b>00</b> (Original)	<b>02</b> (FROI Change)
<b>BS019</b>	SROI Change	<p>Lost time injury reported. First payment of indemnity benefits made. Claim Administrator is notified by employer of expiration of housing allowance. This impacts calculation of AWW. Employee at maximum compensation rate. No impact to Net or Gross Weekly Amounts. FROI 00 was reported within 30 days of the date the employer had knowledge of the injury. SROI IP was reported when first indemnity payment was issued. SROI 02 due immediately upon Claim Administrator knowledge of need to change Average Weekly Wage.</p> <p><b><i>Refer to IAIABC Claims Rel. 3.0 Implementation Guide (pp 5-6-9.1 through 5-6-9.4) for additional detail.</i></b></p>	<b>00</b> (Original) <b>IP</b> (Initial Payment)	<b>02</b> (SROI Change)

## **4. Delivery**

**(To be added at a later date.)**

**4.1 File Transfer Protocol**

**4.2 File Naming Convention**

**4.3 Reporting Timelines**

**4.4 Acknowledgment**

## **5. Testing Requirements**

**(To be added at a later date.)**

**5.1 Test Plan**

**5.2 Test Plan Procedures**

**5.3 Data Quality Requirements**

**5.4 Approach for EDI Mandate**

## 6. Missouri EDI Trading Partner Information

### 6.1 Requirements

All current and new EDI Trading Partners must complete the following forms for Claims Release 3:

- EDI Project Agreement

**(The EDI Project Agreement for Claims Release 3 will be added at a future date.)**

The EDI Project Agreement is the legal contract between the Trading Partner and the State of Missouri and a signed, completed agreement must be on file at the DWC for each trading partner submitting Claims Release 3 transactions.

- Trading Partner Profile
- Transmission Profile
- Claim Administrator Address List
- Insurer/Claim Administrator ID List

After all trading partner paperwork has been completed and filed with DWC, the Testing Requirements outlined in Section 5 must be completed.

The trading partner forms are located on the following pages. Please email completed Trading Partner forms to: [MoEDIProgram@labor.mo.gov](mailto:MoEDIProgram@labor.mo.gov)

**MISSOURI DEPARTMENT OF LABOR  
DIVISION OF WORKERS' COMPENSATION**

**EDI TRADING PARTNER PROFILE**

**IMPORTANT:** *Trading Partner must complete all highlighted fields below.*

**TRADING PARTNER TYPE** (check all that apply):

☐ Insurer   ☐ Self Insurer   ☐ Third Party Administrator   ☐ Employer  
☐ EDI Service Provider   ☐ Other (specify): \_\_\_\_\_

**MASTER TRADING PARTNER INFORMATION:**

**Sender Legal Name** (no abbreviations): \_\_\_\_\_

**Sender ID:** The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender FEIN and Postal Code should be the same as those that will be sent as the **SENDER ID in the Header Record** for all Claims EDI transmissions.

**Sender ID:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_ **Postal Code** (9 digits): \_\_\_\_\_ - \_\_\_\_\_

**Physical Address:**

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:**

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

**Contact Information:**

☒ Claims EDI

**Business Contact:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Technical Contact:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Claims Handling Location Contact:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Preparer Information:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**MISSOURI DEPARTMENT OF LABOR  
DIVISION OF WORKERS' COMPENSATION**

**EDI TRANSMISSION PROFILE - RECEIVER'S SPECIFICATIONS**

Receiver Name: MO Dept. of Labor, Division of Workers' Compensation Prepared: January 2011

Trading Partner Type: ☒ Jurisdiction

Receiver ID: FEIN: 44-6000987

Postal Code (9 digits): 65102-0058

Transaction Sets for this Profile:

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	N/A	3.0	N/A	EDI AKC, ARC	2 Days
A49	N/A	3.0	N/A	EDI AKC, ARC	2 Days

Transmission Frequencies for this Profile:

☒ Daily

☐ Weekly

Select Day: SUN MON TUE WED THU FRI SAT

☐ Monthly

Select Day (1-31):

☐ Other:

Transmission Cut-off Time: NONE AM/PM

Electronic Mailbox(s) for this Profile:

Network: Advantis			Network: AT&T		
	Test	Production		Test	Production
Mailbox Acct ID:	WCST021	WCST021	Mailbox Acct ID:	!MODWC	!MODWC
User ID:	N/A	N/A	User ID:	N/A	N/A
Message Class:	148=FROI30T A49=SROI30T AKC=AKC30T ARC=ARC30T	148=FROI30P A49=SROI30P AKC=AKC30P ARC=ARC30P	Message Class:	N/A	N/A

Secure File Transfer Protocol (SFTP) and/or Web connection for this Profile:

Web Site	Test	Production
URL:	See Missouri Implementation Guide	See Missouri Implementation Guide
Security Protocol:		
Encryption Level:		

Flat File Record Delimiter: ☐ Carriage Return (CR)

☒ Carriage Return Line Feed (CRLF)

ANSI Information:

Segment Terminator:	N/A	ISA Information:	Test	Production
Data Element Separator:	N/A	Sender/Receiver Qualifier:	N/A	N/A
Sub-Element Separator:	N/A	Sender/Receiver ID:	N/A	N/A

**MISSOURI DEPARTMENT OF LABOR  
DIVISION OF WORKERS' COMPENSATION**

**EDI TRANSMISSION PROFILE - SENDER'S RESPONSE**

**IMPORTANT:** Trading Partner must complete all highlighted fields below.

Return this page to: \_\_\_\_\_ Date: \_\_\_\_\_  
Receiver Name: Missouri Dept. of Labor, Division of Workers' Compensation  
Email: MoEDIProgram@labor.mo.gov  
Receiver FEIN: 44-6000987  
Receiver Postal Code (9 digits): 65102-0058

**MASTER TRADING PARTNER INFORMATION:**

Sender Legal Name (no abbreviations): \_\_\_\_\_

Sender Type: ☐ Insurer ☐ Self-Insurer ☐ Third Party Administrator ☐ Employer  
☐ EDI Service Provider ☐ Other (specify): \_\_\_\_\_

Sender ID: FEIN: \_\_\_\_\_ Postal Code (9 digits): \_\_\_\_\_

**Transaction Sets for This Profile:**

Transaction Information					Acknowledgment
IAIABC	ANSI	Release	Version	Projected # per Transmission	Mode (EDI/Paper/None)
148	N/A	3.0	N/A		EDI AKC, ARC
A49	N/A	3.0	N/A		EDI AKC, ARC

**Transmission Frequency** (select only one option from Receiver's Specifications):

☐ Daily  
☐ Weekly    Select Day: ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT

**Transmission Method:** ☐ Network ☐ Secure FTP ☐ Web

**Electronic Mailbox for this Profile:**

<b>Network:</b> Enter Network Name		
	<b>Test</b>	<b>Production</b>
Mailbox Acct ID:		
User ID:		
Message Class:		

**\*Secure File Transfer Protocol (SFTP) for this Profile:**

Site	Test	Production
URL:	See Missouri Implementation Guide	
Security Protocol:		
Encryption Level:		

**MISSOURI DEPARTMENT OF LABOR  
DIVISION OF WORKERS' COMPENSATION**

**EDI TRADING PARTNER INSURER/CLAIM ADMINISTRATOR ID LIST**

**IMPORTANT:** Trading Partner must complete all fields highlighted below.

**TO:**     **RECEIVER:** Missouri Department of Labor, Division of Workers' Compensation, CARE Unit / EDI Team  
**EMAIL:**     MoEDIProgram@labor.mo.gov

**FROM: TRADING PARTNER:** \_\_\_\_\_

**Sender Legal Name, if different (no abbreviations):** \_\_\_\_\_

**Sender FEIN:** \_\_\_\_\_ **Postal Code (9 digits):** \_\_\_\_\_ - \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_

**NOTE:** The **Sender FEIN** and **Postal Code** should be the same as those that your company will use as the **SENDER ID in the Header Record** for Claims EDI transmissions, and should match information submitted on your EDI Trading Partner Profile.

Provide the **FEIN, full Legal Name** and *Missouri Assigned ID, if applicable*, for all Insurers and Claim Administrators for which the Sender (Trading Partner) will be transmitting data. Missouri DWC will notify the Sender of any discrepancy between the identifying information in the table and Missouri's present records.

This list will be used to reconcile identification records. If any entries are added or removed from the list, the Trading Partner must submit a revised EDI Trading Partner Insurer/Claim Administrator ID List.

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Missouri Assigned ID (Unknown at this time)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
16			
18			
19			
20			

Please use additional pages to report more than 20 insurers/claim administrators.

## EDI TRADING PARTNER CLAIM ADMINISTRATOR ADDRESS LIST

From:  
Sender FEIN:  
Sender Postal Code:

**Complete Table with:**  
Claim Administrator **Mailing** Address

[illegible]



## **7.0 Appendix**

These documents are located on the following pages.

### **7.1 Missouri Claims R3 Quick Code Reference**

### **7.2 MTC Simplification Guide**

# Missouri Claims R3 Quick Code Reference

Maintenance Type Code (MTC) (DN0002)	
<b>First Report:</b>	
00	Original
01	Cancel
02	Change
04	Denial
AU	Acquired/Unallocated
AQ	Acquired Claim
<b>Subsequent Report:</b>	
02	Change
04	Denial
CD	Compensable Death - No Known Dependents/Payees
EP	Employer Paid
ER	Employer Reinstatement
FN	Final
IP	Initial Payment
PD	Partial Denial
PY	Payment Report
RB	Reinstatement of Benefit
S1	Suspension, RTW or Med Determined/Qual to RTW
S2	Suspension, Medical Non-Compliance
S3	Suspension, Administrative Non-Compliance
S4	Suspension, Claimant Death
S5	Suspension, Incarceration
S6	Suspension, Claimant's Whereabouts Unknown
S7	Suspension, Benefits Exhausted
S8	Suspension, Jurisdiction Change
QT	Quarterly

Benefit Type Code (DN0085)	
<b>Regular Benefit Types:</b>	
010	Fatal
020	Permanent Total
050	Temporary Total
070	Temporary Partial
240	EP Unspecified
250	EP Temporary Total
<b>Lump Sum Payment Types:</b>	
501	Medical Lump Sum Pmt/Settlement
510	Fatal Lump Sum Pmt/Settlement
520	Permanent Total Lump Sum Pmt/Settlement
530	Perm Partial Sch Lump Sum Pmt/Settlement
540	Perm Partial Unsch Lump Sum Pmt/Settlement
550	Temporary Total Lump Sum Pmt/Settlement
570	Temporary Partial Lump Sum Pmt/Settlement
590	Perm Partial Disfigure Lump Sum Pmt/Settlement

Claim Type Code (DN0074)	
M	Medical Only
I	Indemnity
N	Notification Only
B	Became Medical Only
L	Became Lost Time

Type of Loss Code (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

Wage Period Code (DN0063)	
<b>FROI:</b>	
01	Weekly
02	Bi-Weekly
04	Monthly
06	Daily
07	Hourly
<b>SROI:</b>	
01	Weekly
04	Monthly

Other Benefit Type Code (OBT) (DN0216)	
300	Total Funeral Expenses
320	Total Interest
321	Total Employee Interest
350	Total Payments to Physicians
360	Total Hospital Costs
370	Total Other Medical
380	Total Voc Rehab Evaluation
390	Total Voc Rehab Education
400	Total Other Voc Rehab
430	Total Unallocated Prior Indemnity Benefits
440	Total Unallocated Prior Medical
450	Total Pharmaceutical Costs
455	Total Dental Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses
470	Total Durable Medical Costs
475	Total Medical Travel Expenses

Initial Treatment Code (DN0039)	
0	No Medical Treatment
1	Minor On-Site Remedies by Employer
2	Minor Clinic/Hosp Remedies/Diagnostics
3	ER Evaluation, Diagnostic Testing, Med Procedures
4	Hospitalization > 24 Hours
5	Future Major Med/Lost Time Anticipated

Benefit Adjustment Code (DN0092)	
I	Intoxication/Drugs
V	Safety Violation

Insured Type Code (DN0184)	
I	Insured
S	Self-Insured
U	Uninsured

Insurer Type Code (DN0185)	
I	Insurer
S	Self-Insurer
G	Guarantee Fund

Lump Sum Pmt/Settlement Code (DN0293)	
SF	Settlement Full
SP	Settlement Partial
AW	Award
AD	Advance

Benefit Redistribution Code (DN0130)	
H	Court-Ordered Lien Against WC
K	Claimant Attorney Fees

Partial Denial Code (DN0294)	
C	Denying Medical in Whole, Not Indemnity
D	Denying Medical in Part, Not Indemnity

Nature of Injury Code (DN0035) Part of Body Injured Code (DN0036) Cause of Injury Code (DN0037)	
<a href="http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx">http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx</a>	

# Missouri Claims R3 Quick Code Reference

FULL DENIAL REASON CODE (DN0198)		
1	No Compensable Accident	
	A	Coming and Going
	B	Horseplay
	C	Willful Intent To Injure Oneself
	D	Not Statutory Definition of Accident
	E	Deviation From Employment
	F	Recreational/Social Activity
	G	Traveling Employee
	H	Subsequent Intervening Accident
2	No Causal Relationship	
	A	Idiopathic Condition
	B	Pre-existing Condition
	C	Stress non-work related
	D	No Medical Evidence of Injury
	E	No Injury Per Statutory Definition
	F	Accident not major contributing cause of injury
3	No Coverage	
	A	No Employee/Employer Relationship
	B	Independent Contractor
	C	Not Statutory Definition of Employee
	D	No Jurisdiction
	E	No Policy in Effect On Date of Accident
	F	Statute of Limitation Expired
	G	Statutory Exemptions (Sole Propr, Corp Ofcr, etc)
	H	Elected Other Coverage (24 hr, Col Barg, Opt Out)
	I	Employee not reported to PEO
4	Substance Use/Abuse	
	A	Injury Primarily Occasioned by Intoxication or Use of Any Drug
	B	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in effect
5	Other (Not Elsewhere Classified)	
	A	Failure To Report Accident Timely
	B	Right To Reserve
	C	Misrepresentation

EMPLOYMENT STATUS CODE (DN0058)	
C	Piece Worker
9	Volunteer Worker
8	Seasonal Worker
A	Apprenticeship Full-time
B	Apprenticeship Part-time
1	Regular/Full-time Employee
2	Part-time Employee
3	Unemployed/Not Employed
6	Retired
4	On Strike
5	Disabled
7	Other

RETURN TO WORK TYPE CODE (DN0189)	
A	Actual
R	Released

EMPLOYEE ID TYPE QUALIFIER (DN0270)	
A	Employee ID Assigned by Jurisdiction
S	Employee Social Security Number

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
TN	Transaction Rejected by Service Provider
TR	Transaction Rejected

TEST/PRODUCTION CODE (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

LATE REASON CODE (DN0077)	
Delays	
L1	No Excuse
L2	Late Notification, Employer
L3	Late Notification, Employee
L4	Late Notification, Jurisdiction Transfer
L5	Late Notification, Health Care Provider
L6	Late Notification, Assigned Risk
L7	Late Investigation
L8	Tech Processing Delay, Computer Failure
L9	Manual Processing Delay
LA	Intermittent Lost Time Prior To 1st Pymnt
LB	Late notification/payment due to a Natural Disaster
LC	Late notification/payment due to an act of Terrorism
Coverage	
C1	Coverage Lack Of Information
Errors	
E1	Wrongful Determination of No Coverage
E2	Errors From Employer
E3	Errors From Employee
E4	Errors From Jurisdiction
E5	Errors From Health Care Provider
E6	Errors From Other Claim Admin/IA/TPA
Disputes	
D1	Dispute Concerning Coverage
D2	Dispute Concern, Compensability in Whole
D3	Dispute Concern, Compensability in Part
D4	Dispute Concerning Disability in Whole
D5	Dispute Concerning Disability in Part
D6	Dispute Concerning Impairment

ACCIDENT PREMISES CODE (DN0249)	
E	Employer
L	Lessee
X	Other

CLAIM STATUS CODE (DN0073)	
O	Open
C	Closed
R	Re-Open
X	Re-Open/Closed

EMPLOYEE GENDER CODE (DN0053)	
M	Male
F	Female
U	Unknown

DEATH RESULT OF INJURY CODE (DN0146)	
Y	Yes
N	No
U	Unknown

EMPLOYEE MARITAL STATUS CODE (DN0054)	
U	Unmarried, Widowed, Divorced, Single
M	Married
S	Separated
K	Unknown

DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)	
R	Relationship
	2
	3
	4
	5
	6
	7
	8
	9
N	Numerical Birth Order (0-9)
	0

RECOVERY CODE (DN0226)	
800	Special Fund Recovery
810	Deductibles Recovery
820	Subrogation Recovery
830	Overpayment Recovery
840	Unspecified Recovery
845	Apportionment/Contribution Recovery
850	Second Injury Fund
860	Future Credit Amount
865	Vocational Rehabilitation
866	Uninsured Employer
867	Silicosis, Dust & Logging Industry Fund
868	Vocational Handicapped Fund
870	Other Funds
880	Voided Indemnity Benefit Check Recovery
890	Voided Other Benefit Check Recovery

ACK TRANS SET ID (DN0110)	
148	First Report
A49	Subsequent Report

INTERCHANGE VER ID (DN0105)	
14830	FROI Rel. 3 V 0
A4930	SROI Rel. 3 V 0
AKC30	Claim Ack Detail Rec Rel 3 V 0
ARC30	Claim Re-Ack Detail Rec Rel 3 V 0

TRANSACTION SET ID (DN0001)	
148	FROI
R21	FROI Companion Record
A49	SROI
R22	SROI Companion Record
AKC	Claims Ack Detail Record
ARC	Claims Re-Ack Detail Record
HD1	Transmission Header Record
TR2	Transmission Trailer Record

# Missouri Claims R3 Quick Code Reference Index

Element#	Element Name
DN0249	Accident Premises Codes
DN0110	Acknowledgment Transaction Set ID
DN0111	Application Acknowledgment Code
DN0092	Benefit Adjustment Codes
DN0130	Benefit Redistribution Codes
DN0085	Benefit Type Codes
DN0073	Claim Status Codes
DN0074	Claim Type Codes
DN0146	Death Result of Injury Codes
DN0097	Dependent/Payee Relationship Codes
DN0053	Employee Gender Codes
DN0270	Employee ID Type Qualifier
DN0054	Employee Marital Status Codes
DN0058	Employment Status Codes
DN0198	Full Denial Reason Codes
DN0039	Initial Treatment Codes
DN0184	Insured Type Codes
DN0185	Insurer Type Codes
DN0105	Interchange Version ID
DN0077	Late Reason Codes
DN0293	Lump Sum Payment/Settlement Codes
DN0002	Maintenance Type Codes
DN0216	Other Benefit Type Codes
DN0294	Partial Denial Codes
DN0226	Recovery Codes
DN0189	Return to Work Type Codes
DN0104	Test/Production Code
DN0001	Transaction Set ID
DN0290	Type of Loss Codes
DN0063	Wage Period Codes

### MTC Simplification Guide

**This guide is meant to assist claim administrator staff to quickly determine what MTC is used to report a business event and is limited to triggers expressed in the Missouri Event Table.**

If this occurs:		And this specific situation applies:	Use This:	
			MTC	Report
<b>1</b>	A New Claim	If First Report to a Jurisdiction by a Claim Administrator OR If previous claim was cancelled (01) or denied (04) and is now being reported to the jurisdiction.	<b>00</b>	<b>Original</b>
		If <b>Minimal</b> First Report to a Jurisdiction by Acquiring Claim Administrator	<b>AQ</b>	<b>Acquired Claim</b>
		If <b>Full</b> First Report to a Jurisdiction by Acquiring Claim Administrator where AQ was previously rejected for no match by the jurisdiction.	<b>AU</b>	<b>Acquired / Unallocated</b>
		If First Report to a Jurisdiction by a Claim Administrator is a full denial ( <b>no benefits paid</b> )	<b>04</b>	<b>Denial (FROI)</b>
<b>2</b>	Canceling a Claim	If reports were sent to jurisdiction in error	<b>01</b>	<b>Cancel</b>
<b>3</b>	Initial indemnity benefits are <b>NOT</b> being paid but a report is due to the jurisdiction.	If injured worker died and payments pending investigation to determine dependents or payees	<b>CD</b>	<b>Compensable Death/No Known Dependent/Payees</b>
<b>4</b>	Denying Claim after First Report or Initial Payment Report filed	If Claim Administrator denies entire Claim	<b>04</b>	<b>Denial (SROI)</b>
<b>5</b>	Partially Denying a Claim (Medical)	If Claim Administrator is denying all or part of the Medical portion of the Claim	<b>PD</b>	<b>Partial Denial</b>
<b>6</b>	Initial indemnity benefits <b>ARE</b> being paid.	If Employer paying salary in lieu of comp	<b>EP</b>	<b>Employer Paid</b>
		If first payment is initiated by Claim Administrator	<b>IP</b>	<b>Initial Payment</b>
		If first payment is initiated by Acquiring Claim Administrator	<b>AP</b>	<b>Acquired Payment</b>
<b>7</b>	Initial benefit is a settlement	If Claim Administrator's initial payment is a Lump Sum Payment/Settlement.	<b>PY</b>	<b>Payment</b>
<b>8</b>	Suspending All Indemnity Benefit(s) (Full Suspension)	<b>If all Indemnity Benefits are suspended because the:</b>		<b>Suspension:</b>
		Claimant returns or medically determined/qualified to return to work	<b>S1</b>	RTW or Released to RTW
		Claimant fails to comply with medical requirements	<b>S2</b>	Medical Non-Compliance
		Claimant fails to comply with administrative requirements	<b>S3</b>	Administrative Non-Compliance
		Claimant has died	<b>S4</b>	Claimant Death
		Claimant is incarcerated	<b>S5</b>	Incarceration
		Claimant's whereabouts are unknown	<b>S6</b>	Claimant's whereabouts unknown
		Claimant's benefits have been exhausted	<b>S7</b>	Benefits exhausted
		Claim with payments has transferred to another jurisdiction	<b>S8</b>	Jurisdiction Change
<b>9</b>	Reinstating Indemnity Benefits	If Employer resumes paying salary in lieu of comp	<b>ER</b>	Employer Reinstatement
		If initiated by Claim Administrator	<b>RB</b>	Reinstatement of Benefits
<b>10</b>	Making a Specific Payment	If Medical Costs exceed \$8,000 or reporting Other Benefit Type Codes	<b>PY</b>	<b>Payment</b>
		If a lump sum settlement or award is being reported		
<b>11</b>	Periodic Claim Information	A report of a claim's SROI financial and benefit data in addition to the data required on the element requirement table is sent at an interval of:		
		Quarterly	<b>QT</b>	<b>Quarterly</b>
<b>12</b>	Claim Closing - no future indemnity or medical payments anticipated	If all benefits have been terminated or denied and/or no future indemnity or medical payments anticipated	<b>FN</b>	<b>Final</b>
<b>13</b>	Change	If designated <b>First Report</b> data has changed and another claim event does not apply	<b>02</b>	<b>Change (FROI)</b>
		If designated <b>Subsequent Report</b> data has changed and another claim event does not apply	<b>02</b>	<b>Change (SROI)</b>